

mm 8729-2

Munda Ferra 1482 - Snino 1642 - 3 - Mente

No. Aneurism of the arch of the aorta. 1477 History by Dr. Waters. Trivate Michael Dickey, co. L, 4th. Cav-C. 2. S. 2. C. 40. 8957 alry, a native of dreland and 27 years of age, was admetted into hospital at Fort nou. black Teplember 9,1878 by branefer from the Des old camps of his company, a few miles distant. Nos aus m be had been on sick report in camp Brash sence August 18,1878. Before that line men ent and also forcer to my reporting here in Red. for duty as bost Gurgeon, he had frequently been at sick call, complaining of symptoms so vague and indefende, and appearing so robust and well, that the med ical officers who examined him had susfreded malingering. In the letter of transfer his case was deagnosticated askma and it has been borne on the hospital regisler as a case of that duease. While under breatment in camp, disspiroca was the only thing that altracted the allentern of the Medical officer, and although there did not exist some of she characteristic symptoms of spasmodic asshma and with only the physical signs of slight emphysema, and they not sufficient to account for the labored breathing, the case was reported 'asethma' which it semulated more than it did any other disease in the nosological table followed in making she monthly report of seck and wounded. Asst. Lurgeon Comegys U. S. a. who was the surgeon of the camp, informs me that he had auscultated his chest without discovering anything abnormal in she heart sounds. When received ento hospital his condition was as follows: he suffered from continuous dyspenoea, and in she respiratory act there was prolonged wheezing expiration; breashing not affected

by position. On percussion there was increased resonance over the right lung as in slight emphyseema; but a healthy sound was ob lained over the left, except at the apex and near the sternum, where there was circumscribed dulness. The responding sounds throughout the right lung evere puerile and slight sibilant rales were heard in the left, with absence of all breathing sounds in che region of dulness, He suffered from an annoying cough with no expectoration. He had some hoarseness of voice and some digginess. There appeared to be slight bronchitis of the left lung. Le complained of no pain in the chest. His temperature was nounal. There was no difficulty in deglutition. He was wellnourished for a soldier who had been on active duty. Guspecting an ancurism I most carefully auscultated the region of duliness without hearing the slightest bruit; nor could I by palpation discover any unusual fuelsation. There was no bulging of she chest walls. aut Jurgen W. C. Shannon, U. S. a. made the examination with me, and concurs in what I have written. The patient had been laking rodide of polarsum while in camp and of continued its administration, increasing the dose until it reached 15 grains three lemes a day. For a month and a hay he continmed its use writhout apparent benefit, when it was suspended, virilability of she stomach arising about that time. He had also laken a cough misteire of a relaxing expectorant, but the cough had increased and she paronyours were long continued. The dysproca had not materially changed in character. Whenever I had feet his fulle I had happened to be on his left side, but on one oceasion, about Ocrober 1st. I chanced to

take his right hand and discovered that there was no pulsation at the wrist in either the radial or the ulnar arteries. It was ecancely perceptible in the bracheal and feeble in the axilla and over the subclavian, so feeble that I could not determene whether its rhythm was in proper relation. to the heart's action, or the fulse of she opposite side. My previous suspecion of a neurisin was then increased. At this time Dr. bornegys was at the poet and we examined the case logether, but could discover no signs of she aneuriem, though it was found that the extent of dulners had increased. This arose from fulmmany consoledation, calarrhal phities having supervened; and soon thereafter segns of softening evere descovered and a large cavity found at the apen of she left lung which spened into she bronchia, Abscesses followed en reaped successeen, and from these extended diffused gangreene of she lung. The sputa were of a greenesh grey color, shreddy, very offensive, and very abundant. The odor was not confined to she sputa, but she breash of she palient was so offensive as to be inceedingly disagreeable to she other patients in the same end of the ward and almost nauseate shose who went near him. The course of the pulmmany disease was exceedingly rapid. He died from en-Transtein Rovember 16th.

"The fost mortern examinatein, made by asst. Lurgeon bornegys in my presence, revealed an aneurisin of the arch of the aorta, extending over the left side of the stormen, of an ivergular ovoid shape mean serving 13 unches in its larger and 12 in its

chest walls. In a subsequent report, Dr. Waters gives she following additural particulars of she fort modern examination: body considerably emacialed and rigor mortis [5 hours after dearh I marked. When she chest was opened there was slight collapse of she right lung and none of the left. of the anewrismal lumor he rays: it was formly adherent to the lung and rested in the pericardeum, having pressed she heart downwards. The upper half of the sac was felled with a fibrinous coaquelar lion, having more of a shreddy appearance chan of a lamenated structure. In this fiburious clot, at the upper portion, shere was fluctuation, and she incision strongh she spesemen opened into a cavity containing serous lequid mened with flaky débris of she broken down febrinous mass which in shar prettin had lended to discutegration rather than organization. There is no amnection between this cavity in she clot and she cavity of

the sac through which she circulation was carried on, and which was found in the autopay felled with a post mostern clot. The stillching of the coats of she and as she sac enlarged, changed the relations of the arteries given off from that vessel; so that the left subclavean is separated two inches from she left caroled and shis vessel three inches from she innominata. The space occupied by she clot is above a curved line extending from she subclavian in me side to she innominata on she other, both of which vessels were open as she blood current through their prevented any Jurcher accretions of februs in she sac. The mouth of she left caroled was occluded by she clot. The heart is of normal size, with very slight if any theckening of she left ventrelle. Contributed by asst. Jurgeon N. S. Waters, Fort Clark, Texas.

No. Urinary bladder, invorted to show she very 1478. great enlargement of she prostate gland. c.5.5.4.c.s. Forom a colored man, age 79, who died 4928 at Freedman's hospital, Washington, D.G., april 22.1879.

death a herrial turner was found in she right grown; where was some pitting of she legs on pressure.

The brain was softened; arteries as its base acheromatous; a multitude of round white patches about two lines in diamer ter on each side of the lingitudinal simules, under the arachnoid membrane; sub-arachnoidal fluid increased in quantity; dura mater annually adherent to brain

Contributed by Dr. D. S. Lamb, Washington, D.C. No. Considerable coarctation of duodenum about a
1479. half einch below the fuglorie orifice of the stom.
c.4.5.3.5.2. ach and apparently the result of puckering
from the cicatrization of one or more duode
nat ulcers.

The patient died with symptoms of obstruction of the alimentary canal. At the autopsy the stomach was found enormously distended with liquid. leontrebuted by D. C. M. Ford, Washington, D.C.

Nos. Medullary cancer of she vight kidney; in 1480 which is embedded an oval modular carc.5.5.1.E.2. cinomatous mass 512 inches long and 312
6930 broad and thick. The secreting structure of she bedney is greatly contracted; it however can still be recognized at the upper part of the growth. Attached is she vena cava, the walls of which have been perferated by the careinomatous growth which projects into and the lumen of she vessel.

1481. Left lung of the same patient containing 2.3.5.2.45. municous meduciary nodules of various siges. 8931 bistory by Dr. D. L. Huntingdon, Gurgen U. G. a. " beorge to. Breekhauer, native of Gormany, age 54 years, an immate of the Home was admitted to hospital "rebnary esp. 1879 suffering from marked gastrie pain, troublesome cough and great general debility; skin dry and hot; no appetite; restless and very virilable; mind clear; disposed to sleep for intervals, starting from sleep with anxious expression; tongue smooth and pale; cough troublesome; specia

clear; mucus somewhat viscid. Lungs, on per-

cussion, fairly clear; on auscultation, some pro-

longed expiration at apices of both lungs and here and there mucous reales through both lungs. Heart's action normal but weak. Epigastrium tender to pressure; some thirst. some nausea; made quat complaint char et evas impossible to take Jord enter solid a fluid in any quantity. Right side over region [?] enlarged, hard and enterely dull in sound; region embraced by dulness from fifth viet to crest of ilium, filling she whole lateral aspect and conlinning over epigastrum to beyond she median line; to palpation it gave she inpresen ga uniform surface and was supposed to be an enormously enlarged lever. Unive passed in large quantities, Sumped and of low sepecific gravity (1.012), no braces of albumen and no casts. Bowels alternately confined and relaxed, generally showed a lack of beliany aolor, Their pale and waren at forst; in lætter stages of disease, had a vivid light yellow lint. But little emaciation at first but progressive with course of desease. The breatment for this case was general, addressed to the removal of wegent symplong and to a general improvement of she eyelem. My deagnosis at first was chronic hepatelis, changed afterwards to cancer of the lever. During she progress of she case during several months there was a gradual increase in the intensity of all she symptoms, especially of those pertaining to she region of she stomach and lever. Later in she case there 'eras vedema of the lower extremeties, rapid emaciation, sem erma, rejectein of all food and drink, gradual cerration of all functions ending in death fune 4.1879."

The autofrey was made by the Hospital

Steward Thomas Mc Gook under she supervision of Dr. I. b. Van Miet, during Dr. Huntingdow's absence from the city. The following organs were brought to she Museum: Lung as in specimen; heart, normal, weighing 9/2 og.; lever 44 og., presenting a small white nodule in she supper surface of the right lobe; spleen 5 og., a thick coating of lymph on its upper surface; right kidney as in specimen; left kidney enlarged, weighing & og.; also a cancerous mass from she abdomen, the viscenal relation of which was not made out.

Barnes hispital, Goldier's Home, Washington, V.G.

No. Portion of eleum with several deep typhoid 1482, ulcers, one of which has perforated. The from C. 4. S. 3. 6.33. leon of intestine received at the Museum. 8932 contained several other perforations, which appear to be in part tears and in part enlargements of small perforations by dearing. There is nothing to show that the easier other than one of lyphoid fever. History by Dr. Gorard: Robert Costar, a Luartermaster's tearnster, was brought back from a scout sick. Draguosis: typho-malareal Jever. The case did not differ from the lighe. On the third day, symptoms of tympanites, great frain in abdorner, rapidely of pulse, increase of temperature indicated perforation. Large doces of opens and cold applications to abdomen were unsuccessfully given and he died on she such day after admission, "Post morten March 18th. at 10,30 a.m. The following are she notes taken as she time, On making longitudinal encision she

abdominal parietes appear infeltrated. On reaching the peretoneum this appears dark red, thickened and covered with lymph; she abdominal viscera are pushed up; pericardium felled with. 40 fluid, heart filled with feurd blood, yellow washed clots in heart and principal blood vessels, left ventricle slightly delated, left lung slightly adherent at back (old adhesions), posterior paris in state of hypostatie congestion; right lung same condition; large quantity of derty fluid felling abdominal cavity; liver slightly enlargedy Elisson's capsule normal, substance brutte, partial fatty degeneration, bele green and fibrinous; adhesion beleveen intestinal folds; perforation of intestines; adhesions on posterior pare of abdomen very strong; spleen enlarged and muchy; kidneys congected; bladder nearly empty; stomach congested and in state of calarrh; mesenteric glands infeltrated; eleum perforated, one large aperlure, one or two smaller ones; Peyer's patches

Contributed by apr. Turgen a. b. Grand, For Keogh, Montana Jy.

note and lung girard being at the museum Alpt 12. 1879 requiested to add to the history of the above care that it was one of there desembed generally go Mountain Vever John,

No. branium of anencephalous foetus. 1483 at the seventh month of foregrancy, the e. 8 mother struck her abdorner against the edge of a table; the child's motions became feebler every day and ceased in about a week; the mother was delivered at term; the body was very live decomposed. Contributed by afor Lugeon a. C. Gerard,

Fort Keogh, Mordana Ty.

No. Bladder with a much enlarged proclate. . 1484. Peter boody, negro, age over 65, near Fort Gebron, C. 5. S. 4. C. g. Andian Ty, Health somewhat Jeeble for several years past, but only very slight wundry disorder deving last wenter; never relention before. He ruptured the right ligamentam palellar five or ten years ago whele jumping from a porch with some boys for sport. april 25.1879 he had some difficulty in wrindling; next morning retention evas complete. I saw him first on she zight and breed the soft gaques cartelers and silver ones in vain. Finally after relention had existed 36 hours & aspirealed the bladder above she pubis with Deulaforp asperator removing 28 ounces of dark and bloody wine. The use of she asperator was for less destressing to him than my efforts to pass a catheler. On the 28th, 29th. 30th. and May 1st. I asperated once daily removing about 28 ounces each time, and washing out she bladder with 4 to 6 og. of evarin water. The wine was clear on she last three occasions and at no lune was shere any sign of cystelis. Catheterization was also briefly on she 28th. and on May Ist. There was slight drubbling before each asperation. The needle eras passed about one ench above the pubis and left no skin mark to guede she next fruncture. To guard against cyptitis, saline lanatives, small doses of antimony openin and evarur pelvic baths were used during the first two days with sinapieurs over she bladder. He presented no bad symploms until may 1st. when constitutional feebleness became marked. His nourishment vas not what was required but as good as his cabin could furnish. He died early may 2nd apparently from exhaustin of she

"Post moilem 5 hours after dearh: The pune. vilal forces. twees were easily above pubis and yet from the peritoneum. There was slight congestion of vesical wall near she five punctures, but no trace of inflammation, The weters and kidneys were normal but she frostate vas enormously en larged, weigheing gounces, she so called middle lobe being as large as a hear and completely block ing she passage. About a pent of clear wrine was in the bladder. The sinuses on either side of she verumentanum (were very large; she cul-desac of that on she left showed congestion and abrasion where she point of each catheter had lodged (although I had avoided using force). "be was fat and well noureshed but had been limited in enercise since she accident to his hence (which was left untreated) and his ortality was probably deminished shereby. The day before his death I put hern on homies, but in my anxiety to avoid cystitis I probably kept hem on too low regemen and regret now that I did not administer stimulants after she second asperation, x x x x x x x There were no historical points to be gachered to show how long his hypertrophy had been in progress. It was made out by reelal exammatern but hardly the great extent of it. boutributed by acting aft. Lurgen Francis H. ackins, J.L. Gebson, Indean Ty.

No. Foetus, membranes and placenta at 6 months.

1485 bontributed by Dr. J. Taber Johnson,

Crosses.

Washington, D.G.

Fos, Part of cleum with slowghing Peyer's paletres.

1486

1486

11908 of. Sleocoecal valve fc. with more extensive lyphoid
6937

C. 4.5.3. F.19+20. disease.

History by Dr. White: "Eli Hammund, recruit, company & Disp. G. R. S., reported sick august 5.1878, apparently suffering from quotidian entermettent fever. Prescribed 15 grains of quinia and five grains of capsicum. The next day he appeared worse and was taken into hospital, she fever seeming continuous. Prescribed 20 grains of salicin. He does not appear to have had two chies and she fever assumed a continued type. Dover's powder and deluents evere given. August 7th. a. M., lemperature 103/4°; evening, 102/4°. Tive grains of guma evere given everyhour with one eighth grain of sulphate of morphia. Tive doses given. Beef lea ordered. august 8th., morning, bemperature 10212, evening 10214°. 10 gearis of quema evere given in she morning; 25 grains of bromede of polassium in she evening. August 9th, morning temperature 103°, evening 1021/5. One grain of opium geven every 3 hours with brandy and eggs. august 10 sh., morning lemperature 10145, evening 10345°. Treatment continued. Cengust 11th. morning lemperature 100 3/4°, evening 10215. Turpentine stupes were applied to she abdomen which was swollen and lympanetic; 5 minims of oil of turprentine were given three times daily; other treatment continued. The stools were large and bilions, she wrine passed freely and not albuminous. August 12th. morning lemperature 10245°, evening 10142°, whiskey was now given instead of brandy and more frequently; opium, beef tea and eggs as before. august 14th. morning temperature 10212; che pulse which

had previously averaged about 100, was now 128. Milk funch was given as freely as he would take it. He died at 11 A.M. "autopsy made in she presence of acting apulant Gurgeon a. J. Steigers and Dr. St. R. Coleman og bolumbus 23 hours after death: che rigor mortis was marked; body racher then and quite yellow; some shots of post mortem emgestion about the neck and back; abdomen much distended and some offensive odor from corpse. Lungs perfectly healthy; some slight adhesion of left pleura; heart rather small, flatby and pale, but with healthy valves and no signs otherevise of disease; pericardium normal; lever normal in size, weight 62 ounces; gall bladder shrunken, pale and empty; left kedney flat by but nounal, right not examined. Throach destended with goo and having in it dark grumous maller but not offensive, nor its mucous membrane diseased. Imall industines greatly disterreded with gas so as to appear almost like portions of the colon, with dark discolorations relieved by some patches of bright red inflammations (these latter not numerous). Large intestines greatly thickened around iles-coccal valves, dark, descolored and, like the small intestines, abnounally soft. Upon opening she intestends some enlarged soletary glands with commencing ulcerations evere found in she small intesternes, but not numerous; around the ilev-coreal valve and extending far into the colon were abundant well marked ulcerations with thickened bases, te. There were no signs of obstruction of she bowels or of perstonities. The spleen weighted 63/2 ounces, was however consistent to she feel and showed but little roptness upon

incision. Brain not examined."

Contributed by Gurgen b. B. White,

Columbus Barracks, Ohio.

Imall aneurem of aorta schudted immedi-1488. ately above the aortic values, which proved C. Z.S.Z. C.41. fatal by rupture into she pericardeum. 8938 a whalebone is introduced into she opening of rupture. History by Dr. Hoff: Private Michael Kearney, company & 4th. Infantry, aged 24/2 years, a soldier of about two years service, detailed in charge of ferry boat plying on North Platte rever at this post, while in she act of furning belge water, dropped dead, I have been unable to obtain anything but meagre accounts of the physical condition dering lefe; he never was on sick report at shis stateon and I believe not while in service. A few days before death, owing to some accident to the ferry boat he iras shrown outs she rever and his comreades report that he complained of pain in his chest, though his indisposition was not sufficient to keep him from work. On she morning of death he suddenly awakened from sleep (she company was under canous forced out that he would suffer cate, sprang from his bed and threw open she flaps of his tent. This attack soon passed over and I am informed she man went to his work apparently feeling perfectly well. From she fact char he did not report for heatment and from post morten revelations, Sam led to believe that these suffocative attacks must have been

I I shall not enter into details of autopey further than they relate particularly to she immediate cause of death. Upon removing she sternum the pericardium presented itself bulging prominently at she praecordial space and enormously distended with Jlued which report functure was found to be blood (about 12 ounces) partly coaquilated. Both lungs were firmly adherent to the chest walls and diaphragm, especially the right, which was removed with she greatest difficulty and only after cutting che deaphragm. Both lungs were somewhat emphysematous but so far as examined presented no evidence of luberculosis or cheery degeneration. Upon ofrening she pericardium and turning out she blood the condeteries observed in she specimen were found. The heart was somewhat factly.

Contributed by afet, Furgeon Jno. V.R. Hoff, Fort Fetterman, Wyoming by.

No. Portion of heart exposing she acritic valves, 1489. just below which is an ovegular spague len-2.2.3.1.7.44 denous looking patch over an ench in length, 4939 apparently the result of endocarditis. Further down are several narrow viregular bands of she same character. The aortic valves ar ovegularly thickened, the aorta acheroma lous. The heart was delated.

Hestory by Dr. White: "Musician Louis E. Kaley, company B' Music boys died June 8. 1878, autopsy 15 hours after death: brain softened and considerably congested; aortie valves and aorta above she valves undergoing a-

theromatous and calcureous degeneration and deposit. Organized clots evere found in she right side of she heart; lungs healthy; effection into right pleural cavity and about eight ounces or more of fluid in pericardum; lever and kedneys healthy." Contributed by Gurgen b. B. White, Columbus Barracks, Shio.

No. Anewerm of the innominate artery. 1490. Hestory by Dr. Beale: Henry F. bole, 46 years of C. 2. S. 2. D. 5. age, German, weight 165 pounds, 5 feet Sinches in keight, dark complexion, black hair, eplendidly developed; parents lived to good old age; no history of syphilis; never kenew a day's seckeress tell she eventer of 1893; he was

employed in a levring or planing mell from his 17th. year. He evas breated for rheumatism in his right shoulder at the Sure above mentioned and apparently relieved for some months; this pain reluined however from time to time but not sufficiently severe to keep him from work. His attention was first called to the real cause of his pain in december 1877, when Dr. Keech, in whose practice this interesting case occurred and shrough whose courtery dam enabled to present this specimen, was called in and upon careful examination diagnosed an aneurismal tumor. Drs. Lincoln, Keech and Beale met in consultation December 6th. We found a pulsating tumor, each beat corresponding to she impulse of she heart, at she inner end of she right clavicle, which appeared to be thrust forward. The interclavicular

notch, which was obscured by she tumor, could be felt on making dup pressure with the finger. The pulsation extended above the clav. icle elightly towards the sterno-mastoid muscle when first seen there was no bruit, but subsequently a faint bruit could be heard. The patient looked pale but was well nourished. He said he suffered considerable pain in she turnor at entervals, was unable to assume she horizontal position without distress and dyspinoca and had some difficulty in swallowing. The right radial pulse was smaller than the left. The apen of she heart could be feet beating beleveen she leit, and Joh. riebs. The cardiac dulness was slightly increased, but she sounds heard on auscultation were normal. The voice was normal, but she palient informed me that at times he could not speak at all and very often his voice was husky. He had an occasional cough and expectorated a visced muco-purulent matter, but there was nothing peculiar in she character of she cough. Over she left sede of she chest shere was slight dulness; on she right side she percussion appeared clearer and she breashing almost puerile. The appetite and digestion were good, but she bowels inclined to constipation. There was no tendernews at any part of she spine. The pupils evere og normal and equal sige. Dragmosis: answerm of immorrienate artery. The patient as examined by numerous physicians and surgeons of eminence and their almost unanimous opinion was that the anewrism involved she innominate artery, though there vas some difference as to whether or not she and was slightly involved in addi-Leon. about November 20th, 1878, she following

about his throat and she doctor by she assistance of his largy goscopie morror discovered stars discovered and prominent portions of she mucous membrane of she tracked; it had the appearance of a warty growth. This condition of she tracked by she pressure of she aneurismal sac, three of she veings being eroded, indeed almost enterely absorbed; and it is somewhat remarkable that the sac had not burst into she tracked, so slight was she partition wall.

"I heard nothing further of shis in teresting case for some months when Dr. Keech informed me that she patient was regularly at work at she mell; that he fancied the lumor to be slightly more prominent; that he had occasional attacks of dysproca and that shere came on when he had been drinking. His wife informed me sence his death that he worked shrough 1878 loving but little dime and through January, February, March and africe, but that after that he could only do light work and occasionally he would stay home a everk at a time. He worked up to spely 7th. 1879; on the morning of that day I was called early but ded not reach his house untel & O'clock a. M. His wife informed me that he had been drinking for a few days and that he had not feet so well alshough he continued set his work. He came home on the evening of she lash. of July complaining of great difficulty of breathing; this increased through she night, getting decidedly croupy, he was very reallers and unable to lie; he vomited and confilained of quest pain in she shoulder, face and sede of she head

of the right side. His wife was compelled to six up in the bed and hold his head forward up in the became unconscious about six in which he became unconscious about six in the morning when he sank back upon his the morning when he sank back upon his piclow eyanotic and breathed his last as of piclow eyanotic and breathed his last as of entered she room.

"autopay two hours after death, made by Ars. Keech and Beale. The skin covering the lumor presented a deep lived here. The chest was carefully opened, when she areverunal tumer was discovered much larger chan a man's first laying immediately behind she sterno-clavicular articulation and displacing the clavele forwards; endeed the whole of she right sterno-clavicular articulatein had been absorbed and she clavecle could be freely moved. The sac also pressed against she tracked coursing an absorption of shree rungs and she interspace was inflamed and blackened. Inferiorly it encroached slightly whom she upper love of ohe right lung and by she great pressure against she upper doesal vertebrae had caused an absorption to she extent of half of the bodies of the Joh. cervical and Ist. and 2nd. Lorsal vertebrae. The sac was nearly enterely felled with a febrinous coaqueliem, pale, form and laminated. The heart appeared of normal says and was displaced dormands and to the left; to valves and muscular lissue and coronary artery ap peared healthy. The lungo were sound. The other parts of she body could not be

Contributed by Dr. of L. Beale, Washington, D.G. No. Left lung of an infant, filled with small tubercles.

1491. From a female, colored infant of Jour months,

c.3.5.2.D. W. The child of Howing had been sick one

8941 month, occasionally having had convulcions;

was very much emaciated; died afriel 1.1849.

The autopey revealed a marked occipital

depression, the left side being more overlap
ped than the right; large clots on the left

hemisphere; brain and spinal cord much

engorged; lungs filled with miliary lubercle.

Other organo normal.

Combributed by Dr. J. Hartigan,

Mashington, A.G.

Les Microsofical Gestein, no. 8008. 128008.

No. Minute calculi, probably composed of allered 1492, blood; from a cept of she kidney. c.s.s.1.F.9. Moses Williams, age about 45, coeight 8942 about 200 pounds, died May 9.1899.

autopsy about 36 hours after dearh: brain weighed 44 ounces and was softened; The membranes slightly congested. The heart weighed 26 iz., and was hypertrophied; the valves normal. There was slight fatty degeneratein of she internal coat of she aska. There were old and ferm adhesions of she lungs; these were ocdernatous especially in The upper lobes; the right lung weighed 24 ounces, its lower lobe somewhat congested. There were old adhesens of the spleen and lever to the diaphragm. The liver was pale and form; weight 60 ounces; spleen 5 ounces, its capsule thickened and presenting cicatrices. The right kidney weighed 3/2 ounces; its cortical substance was much demineshed; the viscus was currhosed and cystic; in one of she cysts shere were 25 small, polyhedral calculi, firm and of a black color, together with a black powder. The left kidney
gether with a black powder. The left kidney
weighed 41/2 ownces; in she same condition as
weight, except that there were no calculi,
the right, except that intestines appeared nonThe stomach and intestines appeared nonmal.

bentributed by Dr. D. Lamb,
from an autopay made at Freedman's
hospital, washingson, D.G.

Not abscus of right kidney; she whole kedney
1493 Tissue appears to be destroyed and she
c.5.3.1.14, organ is represented by a multilocular
4943 cypt of inches long; a portion of she
liver is adherent to she wall of she cypt;
it is in an advanced stage of amylorid

and degeneration.

1494 anyloid spleen. There was a supernumerary c437.11. spleen which is also suspended in she jar. 8944 The left kidney was also amyloid.

History by Dr. F. J. Hillyer: "I was called to see Eliza Imallwood in she Jall of 1899; she was colored, age 38 and she mother of eight children. I first saw her in November, she having been el then for about a year but not confined constantly to her bed. The stated that about one year previously she had miscarried, after some violent exertion. Writin a Jew everles after, she observed a small lump in she right side under she ribs, which was senseleve to the touch and which increased slowly. when I first saw her it was about she size of a man's fist and exceedingly panjul to she souch. Wigetal examination for vaginam revealed nothing, she weens being moveable and appearently healthy and

the ovaries undistinguishable. The had never menshwated since her miscarriage. The suffered from sharp lancinating pains in she turnor, which did not seem to affect she shomach or kedneys, as her good never destressed her nor was shere ever any diffeculty in winaling nor any noticeable abnormality in quantity or quality. The suffered with a severe dearrhoea from which she was never free during all she time I attended her. In June 1878 she entered she Freedman's hespetal, where she remained two months, The humor was diagnosed as a Jebro-cyptic tumor of she ovary by one of she assestant physicians of she hospital. This openion was dissented from by she surgeon in charge but no further investigation made. The evas ondered coolde og polassium, under which treatment with she good food and rest she improved very much. The suffered greatly she following eventer from privation and she constant dearrhoea which was often so bad at night as to cause involuntary evacuations. The tumor enlarged rapidly causing dyspinoea at times and great suffering. about two everks before her death she was examined by Dr. D. J. Lamb, but without arriving at any salesfactory diagnoses,

The died May 11, 1879. The autopay was made by Dr. Lamb. The emaciation was examined; whe liver was large and anyloid; hard as a board; whe spleen was likewise firm, was anaenic and its upper surface place plastered with firm deposit (causer or lymph?). The left kidney weighed 10 ounces anyloid; whe right was emverted wito am absees eight inches long, five wide and too

deep with thickened capsule; the wreter was not traceable. The uterus was retroverted; she ovaries normal. There us a supernumerary Contributed by Dr. F. J. Willyer,
Washington, D.G.
Washington, D.G.

Wee Microspied Gettin, nov. 8000 to 8002 and 8003 to 8005, splin

No. Portein of left kidney which presents in she 1495. lower fisterier portein en oval eneysted C5.3.1.K.1. yellowish mass 3/4 inch in long diameter, which proved on microscopical examination to be composed of kidney time. The kedney contained, besides, several cypto, one of which is shown in a separate piece in she same

> From a colored man named Davis, age about 60, who died april 18.1879 at she Freedman's hispetal, Washington, D.G.

at she autopsy, made by Dr. Lamb, she rigor mortis was found well marked; the dura mater and calvarium were strongly adherent; she brain was softened. There were old adheseons of she right lung; she lungs were ocdematores, presented hypostate congestion; she left lung was emplysematous as she apex; she right everyhed 20 oz, she left 22 y. The heart was enlarged, weighing 20 03, the highestrophy being chiefly marked on she left side; she metral valve presented patches of fatty degeneration, she antie valves both fatty and calcareous dequeration. The acorta as far as she diaphragu presented very many patches of faity degeneration of she inner coat. The stormach was much contracted in she pyloric end, destanded with flatus and coffee colored

lequed in she cardiac end; she coats were normal. The intestines appeared normal; they evere not opened. The liver contained many small serous cysts under a normal capsule, and a few similar cysts scattered through the substance; she section presented a uniform greyish red color; weight 59 13. The spleen was ahophed, oreighing one ounce. The right kedney contained small serous cysts mostly siluated under she normal capsule; shere was some ingestion; she size was normal. The left kedney contained a number of large servus cysts; in she lower pisterier part was a new growth, firm but gelatinous, of a yellowish color, with no appearance of vessels, but a capsule. The prostate gland was much enlarged. Contributed by Dr. D. J. Lamb,

Washington, D.G.

Lee Mecouseopeial Lectern, nos. 7978 to 7981 and 8131 and 8132.

In expoliation responsenting the bong cochlea 1496. of the right ear. 8944 & From & Torom Sanice Gubbins, age 8; who had been

sick with measles. Two sequestra refrecenting the one a portion of she cochlea of she left ear, the other from the mastoid cells of the same side.

From Bernhard Sturm, age 40, who as ten years of age had a fall upon she ice, striking his head, after which he was unable to hear in she left side.

For the histories of these cases, see the lehicago Medical Journal and Examiner, Noc. XXXVI, 1878, page 405.

6-ontributed by Dr. J. O. Richey, Hashington, D.C.

No. Commencing answirsm of wich of aorta, which 1498. ruplured into left bronchus.

6232642 History by Dr. Happersett: Edward Finley, 9944 Lergeant, Barrery L', 3rd. articlery, age 42, on duly

as sergeant of the guard July 22.1899, at about IN.M. to the other members of she guard that he

was choking and started to she water bucker

in she guard room. As he was about to dunk he was seized with a profuse hemor-

whase, staggered to she spen air and Jece

upon the pavement in front of she guard norm, where he experied almost instantly,

The patient was a remarkably fine looking, well developed, muscular man, having however, a

marked paller of countenance. His general health

was sugood that he had presented hemself ar sick call but once or levice during the last

two years. I am, however, informed by his

wife that he sometimes complained of

"a post mortem enamination revealed an answering she wich of she dorta rupluring ente she left bronchus, also calcareous deposits in both lungs, most extensive in she upper lobe I she left, with surrounding fibrous phihisis and broncho-fineumnia."

Contributed by Gurgen J. C. G. Happersett, Fort Hamelton, New York Harbon.

16. Sypertrophy and dilatation of she heart.
1499 bietory by Dr. Brice: "Oliver Lind, late a resi-

623168 dent g Orleans Bar, vorote to me some months 4949 ago, asking for treatment for a cough that broubled him at night, I sent him medicine.

which did not heep him, so he came here to su me. as soon as I saw him, I discovered that

his was desease of the heart instead of the resperalory apparatus, I told him so and also lold his partner and other friends & could not cure him, I gave him advice and derections and a prescriptem to try to make him more comfortable, and after a few days he event back to his home again, Growing evorse however, he again relivened here for breatment. By this time his feet, lego, scrotun, abdomen and other parts of she body were greatly swollen, His breath was labored and his desease was evidently fact drawing to a fatal end. On she morning of the 16th. May he was out eralking around, and lighted his pipe and went into she water closer. He fell forward from she water closet seat dead.

"I had she body taken to she hospital and held a post morten examination. The cavetics, abdominal and thoracic were full of the effused fluid. The examination was entended only to she heart which was qually hyprertrophied, week marked facture of she mitral and also of the aortic semilunar valves, when breated by she hydrostatic test. The left ventucle holds very nearly a funt, &c. The heart after removing she clotted blood, measured 81/2 by 63/4 by 3/4 inches and weight 38 owners. The lives weighed 95 ounces and she kedney 81/2 ounces. Contributed by ast. Jurgen 6. E. Rrice, Fort Gaston, bal.

No. bystic disease of kedneys; from a case in 1500 which she weine was altuminous.
8950
c.5.5.1.c.25: History by Dr. Lippincott: " a lady, aged 42,

No. Lower portion of she ileum with ileo-coecal valve 1501 and part of caecum showing polypoid enlarge-1955 ment of solitary follicles of ileum and perforation of verniform appendix, the sete of the perforation being indicated by a probe. The lette polypi about the eige of large pinheads hang by constricted necks from the general surface of she mucous membrane. The case appears to have been one of intestinal catarrh of some duration cut short by an uleer in the verniform appendix perforat-

ing and giving rise to peritoritis.

Mr. Eaton, white, age 20, died October 8.1879.

weighed 52 ounces, the right 28 ounces."

bentributed by aps. Lurgen Henry Rippincoll, West Point, M. y.

autopsy by Dr. D. J. Lamb: The abdomen only was opened; there was universal persone tis, presenting deposits of whitesh lymph, strong adhesions and redness of personeum. Intestines distended with gas and fluid faeces; the mucous membrane of the lower part of eleum was examined and found to present polypoed enlargement of soldary follicles and some thickening of Peyer's fraches; the caecal mucous membrane was normal, the vermisjorm appender was destended, contained foical lumps and its mucous membrane was then, ulcerated and in one place presented a perforation nearly a quarter of an ench in diameter. Contributed by Dr. J. Taber Johnson,

Hashington, D.C.

Answerson of the wich of the aurta, which proved 1502. falae by perforating into the pericardial sac. Tee the description below.

History by Dr. Bartholf: Bewate Samuel Ferguson, Ist. Cavalry, had lately joined the Fost. He reported at sick call deptember 1.1878. He had constitubronal syphelis and it was for that he reported. He had a gummy subcutaneous lumor on she hep and one on she leg and deep elcerations of the faces. Marked syphelitic cachenia was manifest and though he was of large frame, he cras feeble and broken down. Early on she following morning, September 8, he was found by the company cook lying dead on the ground outside his company quarters. It is probable he had gone out to the privy in the night and had fallen and died.
"A post-mortem examination revealed an anewisin of she arch of she arcta, which had opened by two small ruplives into the pericardial sac; a fine, by measurement, of blood was found in the pericardium, enveloping comfeletely the heart. The answers was a large dilalation of the upper and posterior walls of the arch of the aorta. The sac evas found not so much as halffelled with blood, clots and fibrin. The two small renfetures were at the most dependant part of she answersmal sac, through the fericardeal membrane near its reflection from the accending aorta. The layer of fat on the right ventricle had to a notable extent baken the place of the muscular liseue especially at its upper portion where the section through the wall which was very thin, seemed to show only * He had not complained of pain in the breast when at sick call on she day before or of cough or other symptoms referable to the lungs or heart. Contributed by Afr. Surgeon John H. Bartholf, bamp Darney, Oregon.

1503 part of she caerum, showing lyphoid trickening current of she caerum, showing lyphoid trickening and ulceration of Peyer's patches and solitary folM53 licles.

Bistory by Dr. Bentley: "John Shone, Private, company K, 13th. Infantry. He was inlisted in Hew York Janwary 15.1899; aged 24 years, blue eyes, light completion and light hair; 5 feet 612 inches in height;
by birth a Swede and by occupation a laborer.

He was attached to company K, 13th. Infantry on the land. of Barch, 1899 at Baton Rouge, La. He had poorly. Joon after joining his company he evinces

symptoms of nostalgia, which never left hum. He had two attacks of intermittent fever for which he was breated in she hospital at Balon Rouge Barrachs, La., and at the time of the bransfor of his company to this Post June 10th., 18/9, he was sick in hospital but thought fee to travel. Since his arrival here, he has been repeatedly treated in quarters; and on the The of august he was admitted to hospital at this Nort with an apparent allack of intermittent, but was returned to duty in a few days at his own request. On the 19th of Gept. ember he was again admitted to hospital with a severe chill and a slight conjunctivities for which he had received medecine, This soon disappeared, but a very severe form of fever continued; the temperature became very high, on the 3rd day 103° leved spronging and bashing were invitediately recorded to, at the lime of his admission he had been put on dextro-quenene en sexgrain doses every four hows. On the 4th day the temperature contimued so high, 104°, he was given ten grain doses of sulphate of guina (Becoming restless, one grain doses of opium evere added, evertour any reduction of temperature; vory profuse. followed; and being slill unable to sleep and with a hope also of reducing the temperalure, chloral hydrate in Jefteen graen doses was administered. This had the effect to give repose and sleep, but no reduction of temperature followed. No tenderness sould be delected over the abdorner at any time, yet terpentine stupes evere freely applied over the abdomen and twepentine enculsion given internally. On the morning of the 3rd day after admission he became delivious with a disposition to continwally fich at his nostrils, which were very red, excorrated, with occasional slight attacks of

epistaxio. His tonque was soft and moist all the time; he did not decline food; beef tew, milk and stimulants he would take freely; he was always conscious enough to control his pareages; but the dejections from his bowels and the act of wrinating were executed with great apparent force and frecifelancy. On the 23rd. of September, on the morning The reventh day after his admission to hospital he died. a few hours before death he became fulseless, entirely unconscious, partially convulsed at times and the extremities were cold. all efforts to support and stimulate him were unavailing. Post morten examenation nine (9) hours after death; body symmetrical, well-developed and muscular; suggellations deep and diffused over the dependent parts; rigor mortis strong in all the lands. A longitudinal incision being made along the median line of the body and the viscera reposed, the lungs were found to be hearthy except very general old adhescons (plewritic) on the right side and a few slight attachments on the left. There was about one owner of clear serum in the pericardium; the heart was collapsed and the caveties all emply; the blood in the larger venels flued and of she color of a heavy claret; no appearance of coaquela. The viscera of she abdomen seemed natural except the spleen, which was enlarged and softened; kedneys congected; and the small intestines showing the lesion of Peyer's patches and the soldary follicles as they were so often seen in she sevamps of Virginia in 1862, wish the enlarged mesenteric glands. I believe this to be a typical case of typho-malarial Jever." Contributed by Ups. Surg. Edwin Bentley, Live Rock Barrachs, arkansas.

No. Heart and ascending aorta from a patient 1504. who died suddenly from a rupture of this vessel. The aorta presents numerous atheromalous featches; and the rufelure, a slit rather more than half an ench long, is situated en its posterior wall about an inch above the semilunar valves. The heart, which is allached presents no abnormalety. From a colored woman, age 65, who died suddenly in bed early in the morning. The had been apparently in good health. There were clots in the pericardium, The other organs evere normal. Contributed by Dr. J. Harligan, Washington, D.G. No. Portion of liver occupied by multiple 1505 serous cysts. c.4, s. 5. 6.3. Lee letter of Surgeon of J. Woodward to Dr. Thomas

1955 b. Imit, bor. Lee. Med. Loc. Ab.

bontributed by Dr. W. H. Triplett,

Washington, Ab.

No. Cancerous thickening of pyloric extremity of 1.506. stomach in which there are five circumscribed ulcers; one of these is about three inches from she pylorus and about half an ench in its long dearneter; two others of about the same size are about an inch above the pylones; derectly at the pylones are two larger ones over an ench in length, one of which has perforated permitting ex-

bravaration of gastric contents producing commencing portonitis and fatal collapse. History by Dr. Roberts: Charles alexander (Lord Sterling!) white, age about 55, born in Paris. No hereditary tendency to cancer as far as could be ascertained. Had dyspreptic symptomo, expecially waterbrash for about 12 years. before death; occasionally vometing of Jood for the last two years. Forwards she 25th. December 1879 he had several attacks of vometing of coffee ground leguid; had one on betverstinas day when first seen and several afterwards; constitution and dearrhoea had alternated; physical enamination showed tenderners in she pylovie region, but no tumor could be detected. He had altacks of pain in the slomach quite frequently, sometimes severe ones; The pain was often burning. Deed quete easily January 12.1880." autopry by Dr. D. Lamb: much emaciateni; head and spinal canal not enamined; lungs presented old adhesims; heart presented a bruvelhier's fatch on its anterior surface; some calcification of the coronary arteries; abdominal cavity contained a quantity of guinous degmed; there were old adhesions of the liver to she stomach and colon; transverse colon and hepatic and splenic flexures adhered together by old adhesions; perstoneum somewhat reddened. The stomach at its pyloric extrem. ily was theckened by concervus deposit and presented five deep ulcers, one of shem penetrating to the personeum and another perfonating; she rumainder og she organ eras normal; she stomach contained grumous liqued. The spleen was small and dry; she lever normal except one cancerous deposit under she capeule of she right lobe; she kedneys contracted, their cortical substance diminished. Contributed by Dr. G. Roberts,

Washington, &.C.

No. Merus after parturitein, from a case of puerperal 1507. freritoritis, exhibiting on its internal surface patches of gangrene and decomposing porten gan adherent placenta. Sarah Payne, white, single, age 19, was admitted to Wreedman's hospital, Washing ton, &.b. February 10.1880 and deed in the

24th. The gave berit to an infant on she losh, which died in she 20th.

autopay 43 hours after death by Dr. Lamb: some ougor mortes in lower lembo; induration of skin (from blisters) of she abdomen; abundant suggellation posteriorly; eriginematous patches on the inside of the thighs and around and below the vulva, Head and spinal column not opened. adhesions, old and recent, of each lung; lungs oedernatous en upper lobes, congested in lower; clots of fibrin in heart. Deposits of curdy lymph with delicate adheseons Jound generally through the abdomen and pelvis. Fromach and intestines normal, spleen soft and flabby, presented old adhesions; liver likewise adherent, normal en lexture; beidneys normal; bladder congested, contained some strugg mucus. Ulerus large, flabby; presented internally a portion of decomposing placenta on left side; a band, a half inch wede, of gangiene encircling she internal os, and dark congestion of she cerver; blood, pur, stringy mucus and shreds were found in the event and vagena; vagena darbly congested and presented a half dozen blush cicatrices just below she mouth of she wout. Contributed by Dr. D. S. Lamb, Washington, D.G.

No. 1508.

8958

Portion of vertibral column showing eroscon of whe bodies of she lower three dorsal and first lumbar vertebrae by an ab-

dominal aneureun.
"keorge Imall, a destitute citizen, a ebeanger without friends, found sick in she town of Eagle Pass, Texas. Ellas admetted to the Post Hospital at Fort Duncan, Tenas, august 5.1879 and died suddenly at 10 a.m. august 15, ten days after. He complanned of pain in she back and left sede, extending down she left thigh. Was disposed to be relicent as regards sickness and his former history. Had cicabrices and sores of testiary syphilis about she scalp. While in hospital he had several fainting spells, becoming pulseless, but revived under ammonia and brandy. Was breated with operates and evdede of potas. sum , rest in she recumberet posture and local applications to relieve fram.

"Post modern examination 4 hours after death revealed a large answersmal tumor in left side of abdomen; she sae had suplared into she abdominal cavity from which were removed two pounds fourteen ownces of coaquela; she answers-mal tumor weighed three pounds three ownces. Heart weighed 12 ownces; liver 1/2 ownces; speece 13 ownces!"

bontributed by Afer. Surg. Chas. B. Byrne, Fort Dunean, Texas.

No. Portion of ileum showing typhoid ulceration; 1509 she ileo-coccal valve and small fronting of coccum attached.

Leating Bell, co. J., 11th. Infantry cras admitted to hospital December 23.1899 and died Ganuary 4.1880. There was no elevation of temperature, acceleration of pulse, tympaneles nor pain untel weeten about 36 or 40 hours of his death. There was at no lime any favoring, redness or dryness of she longue, and a severe diarrhoed which made its appearance on she lat. was completely checked by five minimo of landamin. He was conscious until evittin a few menutes og his dearh. about therty inches of she lower porten og she cleur evere received at she Museum. In she part not preserved, There evere a number of small ulcers but not much shickening of she patches, bombututed by Afer Jung. L. J. Jesson, Fort leuster, M. J.

//o.
/5/0.
c.6.s. z. 41.

60

Fortion of spine from fifth dorral to last lumbar vertebrae showing antero-posterers curvature from she crumbling of she bodies of the levelph dorsal and first limbar vertebrae, she result of Subercular disease. He cavity of a lubercular abscess the sege of a large almond is seen in she left sede og she body of she fourth lumbar verlebrae protected by a narrow bredge of bone which springs from she upper margin og she body og she læst lumbar vertebra , left side, and is allached to she upper margin of she body of she fourth. The bodies of all she verlebrae in she piece are more or less evoded by she bevroiring of pus.

History by Dr. B. G. Pool; "Rudoeph Löffelbein,

was admitted to hospital June 28. 1878 for chronic rheumatism. He was discharged

July 30th. He was again admitted Septer. Der 2md for she same complaint and sent

one January 9.1899. admitted for she

therd time July 1st. When I first saw him in September, he was walking a-

bout but complained of a great deal

of pain in she back and over she re-

gion of the spleen. The poins seemed to vary with the weather and his general

condition to improve until about Febru-

ary 1.1880, when the look to his bed. At

this leme there was hardly a part

which was free from pain though he

derected she most attention to she right

hence. About two muishs before death a

large diffuse sevelling made ets appearance

quite suddenly in the femoral region

and rapidly extended up over she dersum elie; this resplected spontaneously

about mederay between the anterior sur

porior spenous process and trochanter ma-

for and continued to discharge offensive

frus lice she lime of his death. From she

leme of the opening of the aboves he soule

readily and died Sept. 7.1880 of exhaust-

Autopay (by Acts. Apr. Lung. D.S. Lamb) 19. howrs after death: the rigor mortis was exhibited in she extremities; there were numerous dark red spots several lines in diameter, some I shem covered everth reals, upon she arms and to a less extent upon she lego and trunk [these were from she hypodermic injedein of morphia]; shere evere several absees openings, one over she spinous process of the first lumbar vortebrad, which was denu

ded of peresterm at she life; several openings also just below she meddle of she external lip of she crest of she right elem; green ish discoloration of skin in right cliac regein; the enaciation evas extreme. The head and spenal cavity evere not examened.

The pericardeum contained a lablesproonful of bloody serum; the metral and artic valves presented a few small atheromatous patches. The apeny she right lung contained bubercular deposets and vornecae; the remainder of the lung presented only a live hypostalic congestion. The left lung was everywhere adherent, she pleural sac being oblitarales, There evere bubercular deposits and ourical at the apex; she remainder of she lung was congested and carnified in patches; he deaphragmatic pleuras eras

The stomach and intestines were not opened but appeared nound. The liver was firm, coveholie ?!); The capsule was normal except a slightly thickened patch upon she upper surface of she right lobe; the gall-bladder contained a little evalery bele. The spleen was large, everghing frot ably a found, and was lobulated; she capsule was normal except a small shickened palch upon its convex surface; she substance freable. The pancreas was normal. The kedneys evere of normal vege; she right one presented a shickening of the capsule posterently where it was Jamely adherent to she subjacent lessues; both kedneys evere very pale and bloodless in patches. The bladder was full of wrine. The proon and cleacus muscles of both xiver in the condition of incipieur wirhous as per examination of

Washington, S.C.

No. A gall stone passed per anum daning a fran1511 rayson of hepatic colic, in September, 1880.

Mom a man aged 73.

boutributed by Dr. D. Y. P. Garnett,

Washington, D.C.

Ao. Portion of a gall-stone passed per anum. 1512. From A. P., woman, age bentributed by Dr. W.W. Johnston, Mashington, D.C.,

The calculus, when passed was covered with a chin layer of dried faces. It was left at the Museum i August 12.1879 by Dr. G. A. Acker; ex-

amined Tebruary 4.1880 by Dr. W.M. Mew and pronounced a combination of fat acids and carlonate of lime.]

Now Ulterus and appendages; the right overy con1513, verted into a cypt two inches in diameter,
5.5.5.6.24. The left overy into another cypt 1/2 inches
8968 in diameter; both of hem contained tallowige matter, and there was hair in
the right one.

Liver a mulatto evornan, age 55, esho died of cyst of cerebellum at Freedmans hospital March 13.1880.

autopry by Dr. D.G. Larnb, Washington, D.G.

Ass. Heart and a orta showing spontaneous nepture 1574. If she latter; she lower part of she slit is c.2.5.2.8.11 about an inch above the about valves. The 8964 blood has buriowed between she media and adventitia nearly to she bifurcation of she abdominal about ; it also escaped into the loose connective timine between she about and trachea and fulnimary artery and a round the base of she heart as well as into she pericardinin. (A portion of she thomas racic about has not been preserved).

1515. Gall stones, 222 in number and weighing C.4.5.5.5.1.55.

8965

188 grains.

Betey Jackson, colored, age 80, matron as the leolored Orphan's Home, Washington, and while apparently in good health, was suddenly attached March 27. 1880 with epi-

gastric frain and partial stupor and died in ten hours. Autopsy 34 hours after dearh: the body of a slout woman, under she meduim height and weighing probably 200 pounds; the regir mortis was well-marked; she left elbow was partly anchylosed. The head and spenal cavity were not examined.

The right pleural sac contained bloody fluid; she lung presented old firm adhesevis, and she lower lobe was congested; the left lung presented as rudinentary meddle lobe; its substance cras normal. The pericardeum contained large, flat black clots; the connective tiesue believen she and traches and pulminary artery and that around she upper part of she pericarderen was infeltrated with soft blood clots. The heart was coated with fat, it substance pale and very freable; she valves of she right side were normal; showe of she left sede somewhat thickened; a small mused alot was found in she left ventricle, the other chambers being emply. The archy she anda was atheromatous and presented a large T shaped rent in its floor, beginning about an ench beyond she valves; she meddle and external evais were extensively desected apare by blood close nearly to she bifurcation of she abdominal aorta; she opening ento she pericardeum eras not distencity made out.

A layer of fat one inch in shickness was found along she linea alba abdomines and an abundance of far zenerally in she love especially in and mesentery. The stomach was destended with flatus; she intestines

appeared normal. There were form old adheseins of she liver, which was pale and slightly facty; she gall-bladder contained 222 small gall stones, mostly ovegular cubes. The efeleen was small, pale, soft and freable, The malphigian bodies very distance. The pancreas eras normal. The bedreys were small and showed some alrophy of she cortical substance. The uterus eras atrophied and presented two calcareous deprosets; a small ovregular one at she fundus; ste other she size of a shellback in she left wall. The ovaries were absorbeed. The bladder empty. The common, external and internal clear arteries evere calca-

autopsy by Dr. D.G. Lamb Washington, D.G.

No. Trimary carcinoma of she bladder. Tolomon Hover, white, age 60, height 6 p. 1/2 inches deed May 17.1880. For nearly 10 years he had been broubled with pain in she pelvis and haemalurea; sowards she last he had some nausea; shere was

no jaundece at any time. Autopry 9 hours after death (by acting Assestant Gurgen D.G. Lamb):

The head, spinal cavity and chest evere not examined.

The lever was stuffed wish nodules of medullary cancer; she gall-bladder contained dark bile. The splien, pancieas and bedneys were normal. The stomach and intestines evere not opened but appeared normal: The bladder contained

blood clots and bloody serum, and presented a cancerous shickening of she base, with large nodules projecting into she cavity. The prostate eras slightly enlarged. Dr. E. M. Ichaeffer examened porteris of spe diseased tissues and reported as follows: "Portions of she projecting processes and also of she diseased part of she bladder more nearly level with she mucous membrane were examined and she cello in both show it to be a meduliary carcinoma; The spendle-shaped cells foredominating over she other fours. Many of she cells were feeled with fat granules. The cells strongly resemble those shown in a plate J'Beale on kedney diseases te., from a case which was deagnosed dwing lefe ferm she appearance of she cello in she patients wine "The nodules in she liver, of a whilesh color and roft consistericy were examined and found to be carcinomatous, she cells recemberg shore seen in she growth of from she bladder, only not so large and more uniform in size. Lærge free och globules were found everywhere in she lever growth, besides she sells exhibiting more facily degeneration than those in she bladder. Contributed by Drs. N. J. Lincoln and D.R. Hagner, Washington, D.G.

Not Stricture of she membranous portion of 151%, she weethra.

151% she weethra.

13ladder with penis attached showing and of she weethra.

1518, Kidneys of she same patient showing

pyaemie foci.

Bangard, age 38, colored, had been in Freedman's hospital about five weeks with retention of wrine and perineal abscess. Brior to his admission he had been mee relieved of retention by supra-pubic punctwre. While in hospital, he was also twice relieved by recto-vesical puncture in addition to she use of she catheter.

Autopay 14 hours after death: he was much emaciated; no regir morte's was fresent; a Jaint scar was Journ about two inches above she pubes.

The head and spenial cavity were not examined.

The pleural sacs were empty and The lungo collapsed. The heart was normal; she anta slightly atheroundous. The slomach was normal; the intestines also except in she rectum, where shere was some congestion of she nucous membrane, and an opening into she bladder just below she line of she reflection of she perstoneum. There evere some peritoneal adhesions in she pelvis, The liver presented old adhesions. The spleen was small and adherent. The francieas eras normal. The kedneys showed pyaence (!) enfarctions. The bladder was much shickened, its mucous membrane congested and she recto-vesical opening above mentioned at she base. The wrethra presented a stricture og she membranous forten. autopsy by Dr. D.G. Lamb,

Washington, D.G.

No. Ibrangulation of a henceckle of she ileum just 1519 above the ileo-coccal valve; after hadvange of an int. 1519 estimal diverticulum having become adherent, the hencefle of particular havings the loop thus Jonnes I Hartigain, white the hand the loop thus Jonnes J. Hartigain, Washington, D.G.

No. Aneweren og she aorta ishech proved 1520, fatal by outsture into she pericardium, The answism is about she size of a wal-

mut and is setuated upon the posterier erall of the ascending portion one inche above the valves.

James Hawkins, age 45, colored, fell down suddenly Africe 12.1880, streking and calling his head and dying at once. Hutopsy 6 hours after death showed a rupture of an aneurism of the ascending dorta, she opening being half an inch in length and communicating with she pericardeum. The latter was fulled with coagula and serum. The aorta was shickened and delated.

As far as could be learned, he had not complained of anything more than slight discomfort; he was strong and museular, and no disease had been necognized.

Contributed by Dr. J. F. Hartigan, Washington, D.C.

Stor. Portein of stomach taken from near she 1521 middle of the lesser curvature, showing a scoothus module nearly the size of a

Sacrum and lower two lumbar verlebrae showing spiria befida.

Mrs. Hickton was delivered of a frema ture and deformed child on she 4th. day

Before 1874, it being her seith confinement. The five previous were healthy living children I first saw she child on she let. day of

June 1874. Dt eras very small, weighing but chree founds, three ounces. The child evas of a deep red color, almoss a blue. There was a

tumer about she size of an English walnut over she sacrum; et had a purplish look;

the integement was shin and abraded on she top about she size of a selver half

dine. The lumis was fluctuating and

its liqued contents could be pressed out ento she spenal canal; and then the

opening into the spinal canal could be distinctly felt.

On the first of ofuly she child having improved in strength and appearance, I resolved upon trying to remove she tuner, having very little hope that she child would live long as it was. I concluded to by a course of proceedure that had been successful in she hands of Mesers Edward Gidebretam, Forster and Benj. Bell (London Lancet, Sept. 25,1869, p. 433). A legature was accordingly placed around she base of the lumor, not so tight however as to strangulate it. The following day another was passed around without removing she forst after a couple of days there appeared a puffing out of she tumer between she two ligatures. At she end of one week she ligatures evere removed as no benefiead result had followed their use and

the humor had increased in size. I now

sook two quells, passed a and through

Them and placed one upon when side of she tumor and then teed the two ends of she cord together, thereby producing lateral pressure at she base. To prevent the genes slipping a piece of adhesive plaster was passed over sheer ends holding shem close to she back. This dressing was atlended to daily and kept in place. In the 13th. I punctured she humor with a hyprodermee syninge meedle and drew off about fifteen grams of clear spenal flued. In introducing she meedle more than, 005 meter no fleed came, but on withdrawing she needle considerable ran out, le small prece of plaster over she functure completely stopped she discharge and she following day she functure could not be seen, and she turner was as large as ever. On she 24th. Lagain frendered and with she same result

On she 20th, there was noticed a little to she right of she centre a small spot where she cutiele was broken and drops of clear enatery flued ever voging, a freece of plaster was drawn over et which stopped she discharge; a small uleer was formed at she shot. Up to she 26sh. shere had been no evidence of convulsions or other nervous desturbance. On shis day she child became worresome and feverish; at times crying out asif in severe frain; upper and lower extreme tues convulsed.

"On she 28th. she compression by she quells was discontinued. The child continued to have paroxysms of convulsions and grew weaker and weaker and died August 3nd.

autopsy. The whole of she sacrum was divided or rather she spirious processes were deficient. The coccyx and dorsal vertebrae were perfect. at she upper end of she bifeda the spinal cord passed into she rack, The sacral nerves being given off just before its entrance ento she sack and the cord changed into she cauda equina immediately afterwards. The sacral nerves could be distinctly seen lying in she open sacrum behind she tumor when it was lefted to one side. The cauda equina was spread over the inner surface of the sack which was lived by she dura mater. The arachnord was attached to she owner surface of the rack at a point corresponding with she point of abraseon and ulceratein on she external surface. On opening she sack at she pourt of allachiment of she arachivoid it appreared to be gangenous. A drop or two of fue was found at shis point. No other flued was found in she sack. The whole muer surface of she sack togester with The lower part of she spenal cord evere in a hyperaemic condition. There was no evidence of she punctures made by she needle. The brain was not enamined for crant of time. "There was no paralysis from beguning to end. The head was normal in size and no other deformity could be found. Contributed by Dr. 4. 13. Ralch, Yonkers, A.y.

No. Baccum and according colon, showing diphether-1525. etic sloughing. Dysentery. John Farker, age 45, colored, died May 20.1880. He was admetted to Freedman's hospital, Washington, D.C., sex days foreverusly with dysentery from which he had been suffering for several days. Autopsy 46 hours after death: decomposition was well advanced; spots, having a resemblance to cicatrices, each a few lenes en dearneter, evere found upon she from y she chest; there was a healed fracture of she right leg, lower she bones. The head and spunal cavity were not examined. The lungs showed firm adhesions? The heart eras normal and had a clot en she right sede. There were old and firm adhesions of she liver and spleen to she neighboring tessues. The gall-bladder cras full of bile: The last foot of the clean. showed a slight thickening gaseyer's patch. The large intestine presented large ælliptical ulcer. autopsy by Do. D. G. Lamb, Washington, D.S.

Head of an infant with hydrencephalocele.

1524.

C.8. - 58.

8974

Contributed by Dr. J. Ford Thompson, Washington, D.C. the others straggling and being taken presences.

He was one of she 13. He had a rest of about three weeks after that battle and then took up line weeks after that battle and then took up line of march, marching 1100 miles. After the forced march of 54 miles he first Jet trouble about the heart and shortness of breath, but never consulted a surgeon and continued on duty. He could never afterwards ever the strap of a cartridge box across his chest; it gave him such pain about the heart that he always cut it off and "loss it. He sewed in the army shroughout the war and two years after its conclusion; several years in the capacities of 1st and 2nd. sergeanits.

"Present condition (Pebruary 3.1880): pale;

breashing short and oppressed, left side of sheet more protuberant than right, legs much swollen; abdomen somewhat enlarged, anaearca and some ascites; pulse very irregular, laboring, weak; impulse of heart plainly felt and quite strong; after beat in swenth intercotal space and about an inch to the left of the mammary line; impulse also felt in spigastrium very perceptibly; percussion dulness over deep cardiac space and down to the risk; dulness over spigastrium; dulness entending somewhat further to right of stermen than normal; less recomance over upper portion of chest in front than normal (both right and left); also less over back of chest.

"Auscultation; heart rounds labored,
Turnultuous, irregular; valvular rounds
much more plainly heard over second intercostal space, right of sternum than on
the left and more distinctly at the situation of the apen beat than either; first
round not shong and inclined to be
valvular in quality, not transmitted to left

of afex nor heard over left scapular angle; no regarditant sound distinguished; some bronchis at breathing both before and behind over left lung; no breathing nor overal resonance over the superficial cardiac space, where she percussion was dust; respiratory murmur in creased on right side.

"Appetite excellent; bowels regular; songue clean. He cannot sleep more than 3 or 4 minutes in succession and shen in the erect posture; 'as soon as he falls asleep he bends over and cough awakes him! His habits have been always temperate; he uses no spirits nor tobaces.

"There is very marked pulsation of she anterior jugular vein of she right side; owing to she irregularity of she hearts action,
is in impossible for me to determine whether
she venous pulsation is ventricular or awrieular, that is, synchronous with she forst or
second sound.

be has never had any venered complaint nor any severe sickness except, sheumatism.

"Under she use of digitalis, soluble cream of tartar and juniper infusions and occasionally a small dose of elaterium, she effusion disappeared in she course of ten days; he could then lie down to sleep and sleep some nights as long as five hours withour waking.

"He was shen given tincture of acomite and tincture of she chloride of iron.

"March 10; Dopry has returned; he can sleep only one or two hours at a time.

Unine passed while I was foresent at 12 mm, tested at 2 P.m.; acid, clear, light strawcolor, specific gravity 1010; forms possistent bubbles on shaking plentiful, almost like wap-cudo; at

buninous; with heat and nitrie acid, she alter men after settling well, occupies about one third she space in she test tube. Weine two drachmo; saturated solution of sulphate of soda two drachmo, strong acetic acid one drachm, being boiled together, she coaquelum vas collected on filtering paper, waster with distilled water and thoroughly dried. The paper before using weighed 912 grains; after drying weighed 10 grains; equal to one half grain of albumen to each two ownces of wrine, two grains to she owner or 32 grains to she pint.

grains to she funt.

"March 19: dropay undiminished; sleep
bad; no albumen in wrine. Lave elaterium,
digitalis Ir. again.

March 20: much improved; action of heart more regular; appetite excellent; passed in she last 24 hours five pints of wrine, specific gravity 1008, no albumen, slightly alkaline.

March 23: Jello better and stronger; es timates that he passed more than two quarts of wine in she last 24 hours; no albumen; alkaline; effervesces strongly on addition of nitrie acid. No respiratory mummer on right side below third rit; flatness on percursion from third rit down; slightly dull above; reconant in upper left side of chest before and behind; bronksphony below scapula on right side:

March 23(?): some reconance of chest on right side down to third rit, while standing, when flatness begins; on lying down resonance continues to both rit but dull in axillary space on standing.

the orean of tartar, juniper and two piles

of elaterium 1/6 grain each, the latter only on one day; is much better; less effusion every where, to take uva wisi and bucher in infusion.

"april 9: he distined the infusion; it destroyed his appetite and he took it but
three days and resumed the cream of
lartar and pinifier. He is much better, no
swelling of feet; ascites less; effusion less in
right side of chest; resonance down to lower
border of fourth rib; bronchophony heard
much lower in chest; has been attending to
his shop duties regularly; sleeps well; thinks
he could sleep all night but is roused to
evacuate his bladder; has walked this fore
moon from his shop (Jih. street near) M
northwest to Pennsylvania avanue and
back without inconvenience.

"april 16: resonance on percusion down to right inipple; broachophony slightly heard below she angle of right scapula; apea bear perpendicularly under left nipple; breathing more vesicular on both sides of cheer, lees of broachial character; was on his feet in his shop from early in she morning on Saturday (a busy day), 10 rh. inst., tile 12 o' clock at night; is in good spirits and thinks he will get well.

"april 2%: much worse; effusion in right side to second rib; very despondent; thinks now my prognosis more accurate than his (I had toed him that he could not recover but might be relieved for a time); is now anxious that the end may come as rapidly as possible; does not wish to live long enough to exhaust his means and become an object of charity or a trouble to strangers.

" may 11: I gave him 1/2 drachm of

pilocarpium in infusion producing copiaus pier pier prince in mit some diminution of droppey; promotion with some diminution of droppey; from this time however medicines failed to have any desirable effect; he would not consent to any operation of a surgical character unless he could be assured that it would be likely to be of permanent benefit and at last refused any treatment because he did not want the day of his death re-

"I saw him at intervals; she last visit June 13th., when I found him enormously distended and supposed that he could not possibly live over one or two days. June 14th., about 812 a. m. he severed the right jugular vein with a rayor and bled to death. a few days before his death, when I last enamined him I found the apex beat at least two inches to the left of the mammary line."

Untopey (by actor apr. Jurg. D. J. Lamb) 5 hours after death: body warm; no vigor mortis; there was a transverse incision on the right side of the neck on a level somewhat above the upper border of the shyroid cartilage and extending a distance, of three inches backwards from a point half way across the sterno-mastoid muscle; the internal jugular vein was severed, the internal jugular vein was severed, the internal carotid artery untouched; there was dropsical seveling of the forearm, above men and lower extremities,

The head and spinal canal were not examined.

The pericardium contained about two annees of straw colored servern; she heart presented two patches of old periaarditis, a large one on she anterior sur face of she right ventricle, another at the

afren; the metral valve was chickened, conbracted and friesented a thick calcareous deposet; she internal cour of she anda just begondshe valves presented some patches of fatty degeneration. The right being was closely adherent in several places by firm old adhesions and collapsed by she pressure of about two quarts of straw colored serum; she upper lobe was pale, she lower lobe dark and soledified. The left dung was everywhere firmly adherent; ets sub-stance congested. The perdoneum was distended with halfa waterbucketfull of steam colored serum. The stomach and intestines were pale; the lowest foot of she cleum was opened and Jouns normal. The lever was small, firm, workssed; she gall bladder full of bile. The specen was small, normal. The right kedney was of normal size but very pale; she left bid ney normal. The bladder cras Jule. leontrebuted by Dr. J. W. H. Lovejoy, Washington, D.G.

No. Anomalous lobulation of the left love of the 1537 liver.

1537 liver.

5.4.5.51A.4. From a mulatto man, age 26, who ways died June 11.1880 of hyperaemia of the brain.

brain.

Contributed by Dr. D.G. Lamb, Washingson, D.G.

140. Bladder sacculated with a hernial proton - 8388 to 8387 never y knowing 1538. C. 5. 3. 3. A. 13. Yee micros. Lection nos. #373 + 8374, noder, y level

sion at its after, apparently in consequence of the obstruction produced by the enlargement of she third love of she prostate. drom an old man, dark mulatte, who died October 3.1880 of tetanus after a boutributed by Dr. D.G. Larnt, Washington, DG.

Stos. Portion of cleum taken rather more than a 1539 foot above she cles-coecal valve showing typhoid inceration of Peyer's patches, with 1989 hypertroppy of she ville and enlargement and of she solitary follicles.
1540 Postion of ileum with she ileo-coecal value. and part of the caecum attached, show-The priores Teern, nor. 8306 to 8311. History by Dr. Skinner: Inwate Frank Stevens, company A, both. Cavalry was admet led ento hospital at Fort Lowell, arigona Toursday May 18.1880. His symploms were chose of a typical case of typhoid fever. His treatment conserted of large doses of quinia and frequent springing of the surface; chalk mustive and turpentine for diarshoed and brownede of potassium and chloral for insomnia; his diet comprused buf tea, much punch, &c. He continued to sink and died from exhaustion May 21.1880. It is understood that for two weeks freeding his departure from she recruiting depot (It. Louis) he had been on sick

report. This circumstance, together with

his journey chence to this place, dwing

which it is reported, he are but little,

well account for his exhausted and hope-

less condition on his averal at this post. The autopsy revealed the characteristic lesions of typhoid fever. From the appear ance of the ulcers I arm of she opinion that the disease had existed for several weeks, and most of them had reached a necrotie condition particularly in she vicinity of she eleo-coecal valve. Alshough she disease-process had its interesty in she neighborhood og she valve, even involving it, still the ulcerations extended some distance into the eleum and exhibited itself in some len or fefteen distinct and independent ulcero, some of which were three- quarters of an inch in deameler; although some of them were much exeavated, there evas no presposation; No ulceration below she valve. The solelary glands were much enlarged and from ment and were apparently much infeltrated. The mesenteric glands evere infiltrated and enlarged, some of shem as large as a hazelnut. The spleen was engorged, enlarged (18 ounces) and frable. Liver, excepting size (92 vunces) apparently normal; no evidence to she eye of parenchymatic degeneration. Redneys, heart and voluntary muscles not ex-

bontributed by Afst. Surg. of O. Skinner, Fort Lowell, arizona Ty.

Ito. Lower porten of ileuns with ileo-evecal 1541. valve and part of caccum, showing ty.
c.4.5.3.E.75.

Sphoid alcers. 1991 Wistory by Dr. Skinner: Hospital Steward

Scharles Knaeble U. G. army had been broubled with malarial fever and neuralgea from time to time since the latter part of last sum mer (1879) but at no time dwing this period had he found it necessary to go on sick report, or to be excused from any of his duties, as both diseases seemed quite amenable to the influence of guinea, This case was like many others which have occurred at this post and which in consequence of the readiness with which they have yellded to anti-periodies logether with she diminished strength of the command from time to time have not been excused from duty. On May 3. 1880 there recurred she first malarial manifestation of this reason, notwithstanding she thermometer had regestered a lower temperature (91°F) than it did at a corresponding date of the preceding year, when et recorded 109°F.

Thorty after this early evidence of she existence of malaria, Steward Knaeble had a recurrence of his previous trouble in she form of periodical neuralgia and of tortian entermettent. There manifestations, leke the previous ones yielded promptly to a . iti-malarial treatment. about she both or Joh. of June, he contracted what reemed to be a rimple and ordinary catarrh with no unusual pain or loss of appetite, and although his sleep evas more or less disturt. ed by his cough, he apparently attached little or no importance to she catarrh as he did not consult me regarding it; neither did he, so far as I know, correider it necessary to sake anything for it. my attentem having been attracted to it by his re pested and at times forcible efforts at anything, I was inclined to surfect an

elongated would as she cause of it, but an examinatein of his chroat revealed nothing but a slight though general pharyngetis. I chen directed him to use a sedative gargle and to take an occasional dose of Fothergell's cough meeture (syrup of squell, hydrobromec and and chloroform), as, in she absence of any enposure to climatic vicessetudes, I was inclined to consider his calarrh as having either a nervous origen or complication. after he had taken this medice for several days without any perceptible benefit, I changed it for another containing syrups of squill and wild cherry and small doses of sulphate of morphia. This seemed to relieve him very much; although his appelile was now very indifferent, his sleep unsatisfactory, he was gradually loving flesh and was having evening exacerbateins of temporalure. I en amened his lungs but found no evidence of defrosit, or even a condition afproaching condensation. The vesicular murmur was abrupt and somewhat obscured by harsh broncheal breashing. There was no crepitation nor râles, neither was res peration painful or imbarassed. I quesdeviced him particularly on shis point, as she number of respirations was nearly and at times quite normal and percus sem and auscultation had failed to supply any evidence other than that already described. I considered et now a case of broncheal calarch which might lerminate in a calarrhal preuminia as there seemed to be such a diminished lung elasticity. At this time she heat at the poor was extreme, she thormometer having a

daily maximum of 109°F to 116°F. He expector aled quite buly at times, but there was no appearance of blood in she sputa which were light and frotty with large air cells distributed through them and were more characteristic Jacute bronchitis. Frecormended his brans. for to camp Huachuca to sumove him from she anewating influence of shis clumate, but it was not found practicable to effect this change sufficiently early notivithstanding she necessary orders evere issued. although his catarrh had manefectly improved he still continued to love flesh and to give weaker, so chard derected him June 30 to take his bed and to keep it notwithstanding his reluctance and disinclination to do so. His condition had now developed ento a venuttent fever og an adynamie type and he was breated accordingly. Although his evening exacerbations of temperature were now ranging from 990 F to 1020 F and recasionally to 104°F, shere was not, neither had shere been, any dearshoed or lenderness or gurgling in she right cliac forsa; pulse was reanging from 96 to 120, ovegular, shough of moderate size and force. His calarch had now enterely left him and he expressed hemself as feeling better. His sleep however was more or less desturbed by disagreable dreams and at times his mend, when awake, seemed clouded, though not more so than is frequently occasioned by she cinchonism necessary in the treatment of enteric or malarial fevers. He, at no terice, complained of headache although he was an wyed "by his ideas all getting mined up", as he enpressed it. The extreme dizzinero so fucculiar do remettent

fever in warm climates swas present and when interrogated concerning headache, his replies always contained an allusion to this dizziners, even when in she recumbere prosture.

July! He had early in she morning a semi soled movement of proper color and size which was followed two hours later by one less soled, though of a bright gellow color and not at all offenseve; no lenderners or gurgling in clear forsa, though some tympanites. In addition to gumea, milk punch and beef lea intern ally and cold compresses to his head, were now derected diarrhoea mentiero (chalk mexture, burdure of calechu and oil of turpentine) internally and cold compresses to chest and abdorner. During she evening, as she pulse ded not seem to improve and she deseperature was increasing, I placed him in a back of 81°F, but although he was kept the but sex menutes he exhibited such symptoms of collapse that cardiac paralysis was apprehended in she event of its refretition. bold compresses, frequently changed, were however applied to head, chest, abdornen and extremities; brandy deluted with water was also substituted for punch as she cardeac impulse siemed weaker.

Spely 2: temperature 99.8°F; pulse 96; skin dry and hot; did not sleep well or much; general condition no better; no movement during she night. Viscontined and she diarrhoea midure; directed polition of acetale of animonia and oil of turpentine in combination; during she day chloral drydrat and polassium bromide

were ordered, as he had had no satisfactory sleep for 36 hours; at bedtime removed by catheter 22 ounces of wine which contained no albumen and was of normal specific no albumen and was of normal specific yearity; temperature 101.8°F; pulse 130 and weak.

July 3: temperature 101.4°F; pulse 108; livo moduntary movements, liquid shough of healthy yellow color; tympanites; no cleac forea lendernen nor zurgleing; subsultus lendinum; occasional delivium though at. tention could be engaged and coherent answers oblained by addressing him in a loud tone of voice, Discontinued ammonea mexture; directed brandy increased to one owner every hour to be alternaced with beef tea; Diarrhoea mesture (chack, catecher and turpentine) internally, and enema of assafoeteda, oil of turpentine and land anum. Dwing she day he sleps several hours; no return of dearrhoen; and at times when addressed, gave rational answers and necognized those in she room; extremities not drawn up; no restless ness nos mullering delowin ; removed she were by casheler at bedtime; temperature 101.6°F; pulse 114; chloral hydrai and polassium bromede at bedline.

Aprily 4: he slept several hours during the night; where were two involuntary discharges early in she morning, of dark brown color, fluid consectence, offencese; sordes about the teeth and mouth; he usually slept with his mouth open when well and breathed through his mouth forincipally when awake; temperature 10705; pulse 140; he vomited the brandy; his general condition not changed, unless for the worse. Sissentimued the diarrhoen menture and

brandy by she mouth; directed opium, tannic acid, besmuch and turpentine in combination and capsules; brandy by rectum; notwithstanding she brandy had combined with it a few drops of landamum and she noggle of she syringe was passed well up into the reclum, it was not retained; brandy hyprodermieally was shen ordered every hour until she stomach acquired more tolerance, which it did in a few hours and which it shew orelained until death supervened. after she second hypodermee injection of brandy he seemed more rational and asked for water; at bedtime shere wasenability to evacuate she bladder; lemperature 10240F; pulse 140 and growing creaker. July 5: he passed a restless night; sleft but lette and had severe hemorshage by she rectum, passing blood and wine involuntarely; pulse 130; lemperatwe 100°F; much tympantes; he seemed rational at times and recognized one or two of his friends. Discontinued capitales, containing opium, tannic ared, besmuth and turpentine; derected fluid extract of ergot and paregone in combination by mouth; and emulsion containing assafoelida, ergot and turprentine by reclui.... Notwithstanding he look and relained during she day his brandy, beef tea and quinia his pulse towards evening was much weaker and more frequent. Directed in she evening hendere of digitalis and brandy and repeat every two hours during she night. July 6: his condition worse; had passed an uncomfortable night; unconscious; pulse

156 and almoer emperceptible; temperature

102.20 F; hamonhage at 7.15 a. 2011, and 12.15

I.M. much tympanites; subsulties tendinum; passed much wind during the day; temp, and passed much wind during the day to be water at \$P.M. 104.6°F; pulse scarcely to be felt or counted; he took nourishment and medicines. Directed during the day brandy, quinia and buf tea; digitalis and ergor by mouth; unulsion of assafoction, turpenture, paregoric by rectum; cold compression, paregoric by rectum; cold compression to head, chest, abdomen and entres... it is and changed every few minutes from the time the bath was abandoned anticle death supervened. He died at \$.45° P.M. from exhaustion.

autopsy July Joh., 14 hours after death: The brain was not examined.

The lungs were hyperaemic and slight. by vederatous with a few eachymored patches distributed veregularly over sheir surface; shere was no apprearance of hepaiigation in any part of them; there were sircumecribed ecchy moses on she sides and donal surfaces of the lungs and but for the existence during lefe of a diminished lung elasticity with an abrupt vesicular mus mur, I should have attributed these changes either to post mortem results or to she effect of she recumbent posture; she bronchi did not contain any excess of either proper or perverted secretion; she mucous surface presented a cloudy or opaque appearance; she calebre was apparently normal, no dilatalin er contraction; no evedence of frevious or existing infarction. The heart was unumally small for a male adult, weight & ounces; no evidence of structural change; she contents of she right side were dark blood clots.

The liver was normal excepting she under surface, which had already baken

on post morten action; she size, consistence and appearance both on she surface and when cut into, indicated nothing abnormal; gall bladder much distended with bile. The spleen was enlarged and freable; capsule shrunken as if she parenchyma had at one time been larger but had subsequent by and suddenly collapsed; contints very dark and more fluid chan usual in enterie fever. The bedreys were not enanumed. The intestinal mucous membrance was soft, swollen, and covered with a dark mucilaginous mahogany colored secretion; shis could not be removed by ordinary washing and seemed to have a cellular or enterstitud connection; she intestinal hemorchages which had occurred during lefe had no doubt sheer origin from These parts; although there mught have been one or more small vessels involved, I am inclined to regard she herronrhages as parenchymatous en character, The soft swollen condition of she mucous lessue approached in appearance that found in dysenlery previous to ulceralive action. The ilceration in both cleun and caecum was confined frincipally to isolated soldary follicles; These ulcerations were not only small but ded not presess that raced and indurated border so peculiar to That of Peyer's fratches when involved; the necestee stage had been reached in shis celcerative process. Some ulcers were regular, round and apparently young, while others evere ivregular in shape and judging from sheir depit had been of longer devation and had destroyed the mucous tirsue. There

were no mesenterie glando enbalged and no herforation. perforation. Remarks by Dr. Skuner: The absence of she rose colored papular eruption; of any tender. ness or gurgling in she rught cliar forsa at any time; of any diarrhoea until weethin a few days of death; of the low multering delirum; of any disposition to lie with she feet drawn up; or of prequent allempts to leave she bed would certainly runder obscure ig not doubtful a diagnosis of entere fever proper. The absence on she contrary of the severe head ache, gastric desturbance and extreme restless ners in bed would not accord with the symptoms usually presented by an uncomplicated remettent. The character of songue and pulse, the lemperature exacerbations and the freternatural swiface warmsh being conditions more or less incident to both enteric and adynamic remettent have been encluded from consederation in making a différential diagnosis. Its pachological lecions however in connection with its clinical history would certainly suggest a composite maleries morbie; but whether she predominant element was she backlus mar lareae" or she greenish brown apheroidal confinede (micrococcus) poently a Tommasibrudeli er a Klein might (!) determine. have selected she torm "typiho-malareal because it is one necognized by an official nomenclature (J.orm 42) and also because it expresses I shouk if forsperly understood and observed a certain complex condition as well probably as other compound words already in use (enters: miasmatie, Schickahominy or american

bamp fever) or which a fancied or cretual need of a new or revised nomenclature might suggest (malario-enteric, malario-typhoid or typhus-abdominalis).

le ontributed by Apt. Lug. J.O. Skinner, Ft. Lowell, arigina Ty.

No. Portion of lung showing melanotic deposits.

1542 Robert Contre, age 25, dark mulatto,

1542 was admitted to Freedman's hospital,

1899 Washington, November 11.1880 with supphilitic velcers of she scrotum and died

on she 22 nd. of a congestive chiel.

Outopay 36 hours after death: body well-nowrished; kiegor mortio marked; spacity of she right comea; lower part of scrotum thickened and indurated; inquinal glands enlarged

The brain and membranes were normal.

The spinal cavity was not o-

and indurated; there were several pure-

lent senuses, discharging a small a-

mount of then pues below the right in-

The right lung was partly collapsed, its lower lobe congested; there were several subplement melanotic deposits, some as large as peas; the plemal cavity contained a quantity of straw colored series; there were no adhesims. The left lung was congested; there was some plemal placed, apparently post morten. The bronchial gland, were blackened, The pericardium contained were blackened, The pericardium contained some some series; the parietae layer in the

reinity of the left bronch ws, presented a firm, yellowish-white flattened mass and enlarged and partly cretified lymphatic gland, the size of a half-dollar. The heart was normal; there were large white clots in the right caveties and a small white one in she left ventucle extending into she avita.

The pylorus eras displaced doenwoods by she enlarged liver; she stornach appeared normal. The jejunum presented an intussusception six inches en length, without reduce or adhesions; she small intestine was normal, she large intestine was contracted. The lever was enlarged, measuring 13 inches in the transverse and vertical dearneters, the enlargement affecting the right dobe only, which contained a large abscess having voregular walls and filled with yellowish green pus; the liver was slightly adherent to the abdominal walls; she gall bladder conbained a small gall-stone and a very lette bele. The spleen was normal. The supra renal capsules normal. The bedneys evere enlarged and form. The bladder contracted and emply. leonbubuled by Dr. D. J. Lamb,

Washington, D.G. Le microsofical Series 8426-7, melanorie depuit in lung.

No learcinoma of she duodenum.

1543. Joseph Good, colored, age 98, Vorginian, widower, laborer, was admitted to 1993 Freedman's Hospital, Washington, May 28, 1877 and died November 8. 1880 og paralysis. autopry: thoracic viscera normal en cept a few plewretie adhesions; she abdominal viscera abnormally small; she dusdenum was of an ashen color studded with minute black points and presented a carcinomatous enlargement projecting ento its lumen.

Contributed by Dr. E. a. Balloch, Washington, D.C.

Lower porten of eleum with iber-coecal valve and part of caecum, showing thickening of Peyer's patches and polit. ary follicles. Lee Micros. Section nos. 8288 to 8299. History by Dr. Saulding: "Musician Wilhelm Schellenberg, Battery M., 2nd, artillery who died at this hospital on the 16th. inst. November 1880] g typhomalarial fever. Musician Ichellenberg, age 19, a native of Germany, was admitted to hospital on the morning of November 8. 1880, complaining of pains in The right side of chest and abdomen, slight cough and diarrhoea which he stated had existed for two or three days and had been severe dwing she previous night and accompanied by nausea and vomiting. The patient was a slight evently boy of rather dessipated habits; bodyweight on admission about 100 to 118 pounds. Temperature on admission 105°, reseng towards evening to 106.8°; fulse 102 to 108; respiration 17 to 28 during she day. a senaprism eras applied to the chest; three drachins of lindwe of gentian were given three times daily;

and a drachm of paregoric prescribed after

every second operation. The latter was not

taken as she bowels were not moved dur-

ing she day. At 21 P. M. she temperature

given every two hours; she swiface was spronged with tepid water for 15 minutes at 6 and 8 P.M. 15 grains of gumine and 10 grains of Dover's pour der were taken during she day. Evening leinperature 106. During she night shere was eleplesoners and mild delower, she patient levice escaping from bed. Hovember 9: morning temperature 1050; patient in stupor or muttering delivium, roused with difficulty and incapable of answering questions intelligently or describing his sensations; hongue tremulous and heaviby coated; tympanites; and three copions greenish, fluid and very foeted discharges during the day. The cough and expectorateon ceased and ded not reappear during the progress of she case. Three doses of sweet spiret of netre were given at hourly entervals in the morning; lefted springing twice during she day; ten grains of quivia at 10 a. m.; 10 grains of gunia and one there grain of sulphate morphia as 4 P. m.; 10 grains each of guinea and Dover's powder at 9 p. m. Dut: four ounces of beef tea and a half ounce of sherry wine four times daily. Evening lempvalure 104°, resperation 28; pulse 102.

was 106.8°. Iwo drachens of fever mexture were

Hovember 10: condition little changed from yesterday; rectlessness and delivium continued dwing last night and all day; temperature steady at 104° all day; pulse!00 to 108; respiration 22 to 28. 5 grains of guinia were given three times daily; beef tea and wine continued and boiled milk 4 owners four times daily. Beginning last night and until she case terminated, details of men from battery of watched with she fatient at night.

November 11: Temperature 102, 80 - all day,

one copious foeted stool at noon; sleeplenness and delirium continued; tonque dry and heavily coaled; sordes on gums and leeth. During the day 12 grains of quinine were administered; she beef tea, wine and boiled milk continued as yesterday; at night 10 grains of bromede of polasseum and 15 grains of hydrate of chloral were given. "November 12: there was no marked change in she symptoms except gradual weakening; pulse 96 to 126, dicrotic; resporation 28 to 40; There were two involuntary passages from the bowels dwing the night; the temperature rose from 101.6° to 104.4° and at 9 P. M. a hemorrhage from she mouth of about one owner of feurd blood. (During the progress of the case there was no efictionio). Beef tea and milk evere given alternately every twee hours; brandy one ounce every struce hours; 10 grains of guinene and one graen of openem at 8 p.m.; Lover's powder 10 grains at 9.15 p.m. " November 13: he slept about 4 hours last night; delivium continues and subsultus is marked; shere were two involuntary passages loday; meteouem; temperature 101.2° to 102.2°, bil of twopentine en encelseon 15 minums eras given at 1 p. m.; beef tea and much were continued and whiskey one ounce in toddy or as much frunch every two hours until sin doses were laken. at night he had an operation in bed of she same character as shore preceding; he escaped from bed once also during

the night and fell on she floor.

" November 14th: the patient shows increasing weatherers; fulse 120 to 158, dicrotic; respiration 30 to 34; temperature

102.2° to 103.4°; subsultus tendinum very marked. delivium continues; two operations during she day. Treatment: quinine 5 grains, openen one grain three times daily; bufter and boiled milk each 4 ources alternatily every 3 hours; whiskey (in milk funch) one ounce every two hours until sen doses were taken. "Movember 15: the feature woke up

rational this morning for the first time since November 9th., recognizing she surgeon and attendants, gave deddress of relatives and replied intelligently to questions; complained of lenderners in right iliac region; she temperature in she morning was 101. 2°, at noon 100°; he had two operations from she bowels least night and none deveng she day until after 3 P. m. between which time and JP m. shere were four or five passages; as she same have she temperature rose to 105:80 with distressing meteorism. Two Jule doses of landamem evere administered, one as I and one as 9 P. M., after which she diarrhoea ceased. The diet dwring this day consisted of beef tea 4 ounces every 3 hours (4 doses) boiled milk 4 ourses every 3 hours (4 doses); mick punch containing 11/2 ounces of whickey every 4 hours (4 doses in she day; 12 grains of quenine evere given during she day. The patient continued rational during she whole day and was so up to an hour before his death, which occurred at 6 a. m. on she morning of she 16th. " Post-modern enamination av 1.30 fr. m. The hours after death; rigor mortis well marked; considerable hypostatic congest-

son of dependent portions of body and

deints, no eruption on she stein.

Tromach and intestines distended with gas, the intestines containing a quantity of semeflued bright yellow matter ihrech eras partially solidefied in she large intestine. Obove the cles-coccal valve the notitary glands were enlarged and Peyer's frakches much swollen and elevated above she surface and dark red in color. The mesenterec glando evere also enlarged to she size of bears, soft and deep red, Spleen enlarged and roft. Veretoneum showed traces of inflarmenation.

"The examination evas confined to that of she abdominal viscera, as she dissector was suffering from a recent abrasion of she right hand and heselated to encur inoculation. Contributed by Ups. Furg. N. O. Vaulding,

J.L. McKenry, Md.

Hough from the intestine in dysenlery. 1545. Su Miorof Gettin, your 8312 + 8 Bish, age 45, clarpenter, spare built, had cough and constant muco-purulent expectoration for a long time, his friends supposing him to have consumplion. Dr. Kadcliffe was called to see him on the evening of July 4.1880. He had been seized in the 1st. of July with griping pains, frequent desire to go to slool and had small, mucous and bloody evacuations; this condetion continued until the evening of she 4th. Temperature slightly elevated, pulse 100; a dejection every half hour or hour, containing much blood. 5th. he

was better; she pulse was 96; temperature

99°; stools less frequent and less bloody, both, he was much better and insisted on going out to attend to some business; the stools thence became more frequent and firerented she scraped meat condition; there was more fever; she pulse and temperature increased. The he was worse; pulse 120; temperature 100°; stools very frequent and contained much pure blood. In the evening he was very ill; his tonque was dry, ried and shining; pulse 120; lemperalure 103.5°; stools frequent, often involunlary and with much pain. 8th. no better. abdomen tympanetic and very lender especially over the right hypochondreum, about the eleo-coecal valve and ascending colon and decending colon. In the evening he was no better, 9th, she abdomen was largely distended and lender; pulse 120; temperature 104°, restlessness; tonque dry and glazed; stools les frequent, thinner, foccal, offensive; occasionally he passed a small clot of blood; andes much inflamed. In she evening about the came. 10th, abdomen a little softer and less lender. stools muchy and foeled; pulse of less volume; temperature she same. 11th, nervous defresseon and restleseness. 121h. slools in voluntary, their, mushy, large, foeled, grayich 13th, all the symptoms worse; pulse rapid; skin bashed in cool persperation; abdomen largely distended and lender; stools occasionally bloody; delvium. 14th, the specimen was passed, a cast twelve to thorteen inches in length; one continocous puce fulled off from above downwards and hung by ances from which it was dejected in passage; parts within anus fels hot and nodular." Delirium. In she even

larger and more foecal. 15th. his pulse was small, thready and rapid; temperature 1020; abdornen large and tender. 16sth., he was restless; wandering, muttering delinium. 17th., three stools during she night, large, foetid, faecal. In she evening cold sweat, restlessness and muttering. 18th. cold sweat; pulse rapid and thready; four stools; eyes staring; restless ness; picking at imaginary objects; entremities cold. Died.

A post morten examination could not be obtained.

Contributed by Dr. J. J. Radcliffe, Washington, D.b.

No. Double monster.

1546 Contributed by Mr. J. Foster,
c. 8. no. 59.

Clainesville, Fila.

8994 1883 June 16. This specimen returned to owner.

No. Anewism of the arch of the aorta, which 1547 has implured into the tracker.

C.2.5.2.6.45. John leoggins, age 53, native of Dre
8491 land and late a private of co. B" 4th.

Articlery was admitted to the Goldiers'

Home Itoo. 9. 1880 and was found dead

early on the morning of December 25 in

one of the water doests. During his resi
dence at the home leoggins had not been

treated in hospital nor at the ordinary

morning sick call further than on one

occasion to ask for a porous placer and

some cough misture, and no opportunity was afforded to recognize any organice brouble secher by examination or by his complaint Un autoprey was made ten hours after death and resulted in the discovery of a large answism of the ascending asola involving the arch and a portion of the descend. ing versel; she fromt of reufiture evas found to be at the beforeation of the brachea, communication with that organ being made by one or more small where the hearthy. The hear was influenced, the values however appeared to be healthy. The body was well nowrished and the termination with and so far as could be judged by appearance the man was in the enjoyment of good health, weighing not less than 175 pounds. The slight disturbance and discomfort expereenced by she patient affected with so severe anorganic leseon is worting of note. We have no knowledge of the oregin of the

Contributed by Jung. D. L. Huntington Toldiers Home hosfulal, Washington, D.C.

No. Commencing cancer of the pylories. 1548. History by Dr. Huntington: Thomas bedevell, c452.0.31. late private of 3rd. U.S. Certillery was ad-1991 mitted to the Golders' Home February 26. 1880 and to hospital shorily after this date. On admission he complained of gastric and abdominal pains wish the exuctation of gas and occasional vomiting. An examination of the abdomen and thorax discovered no lesion and as he was a man of intermperate habits his case was diagnosed as one of gastric critability due to over endul-

gence en alcoholic sternelus. Under treatment he seemed to improve for some time and was permetted to go outside she hospital for exercise, about the month of June. On one occasion he returned much entoxicated and afterwards had several attacks of gastrodyma which only parteally yielded to large hypodernic inject cons of morphia. In august my allentin was drawn to a pulsation over she gastree region and shortly after a knot could be felt in she median leve about 2/2 enches above the umbelieus. This knot or lump increased evert some rapedity so that early in Hovember it had grown to the apparent sure of a hear's egg, and it was possible to nearly surround the mass with she fingers , she fulsaten being so marked even when she mass eras lefted that the brouble eras suspected to be an answerson of either she coeleae axes or of she superior mesenteric artery; there were however evanling some factors to make she diagnosis certain. His general condition was bad, no appetite, paronysmal vormeting, and deep sealed pair in she region; considerable emacialem, but no decided cachenea. He gradually sank and died from exhaustin on December 28.1880. At the time of his death I had fretty well made up my mend that there was an aneurism, but she autopsy showed that I was wrong and also proved sever decetiful appearances may be! Contributed by Jurg. D. L. Huntington,

Barnes hospital, Toldiers Horne, Washington, D.C.

Tolypoid growths of stomach, In Mions Penie 8722-3. Moses Toles, mulatto, age 60, was admitted to Freedmans Hospital, Washington,

S. b. September 8.1880 and died January

3.1881 in a convulsion. at the autofrsy (by Dr. Lamb) 36 hours after death, lærge clots were Journd at she base of the brain, on the superior free surface of she corpus callosum and in the ventucles, besides flued blood in the ventricles and at she base. The spinal cavily was not examined.

The pericardeum contained about six ounces of transparent flued. There was a mixed clot in the right awrecle. The inner coat of the acita presented fatty degeneration. The left plewrae conlained four ounces of bloody fluid; the lower lobe of the lung quite vedernalous. The right pleurae contained four ounces of bloody flued and presented strong pleuritic adhesions; the lower love of the lung was carnified and vedematous.

The lever was dark, flabby and fatty; the spleen large, soft and strongly adherent to the deaphragm. Redneys somewhat atrophied. The stornach presented polypoed growths; the intestines appeared normal. The sac of a right inquinal hornia was noticed.

bontributed by Dr. D.G. Lamb. Washington, D.G.

Sections through the capts at the lower end of the vorophagus renderer probable the Micros. Lecture, nos. 8441 to 8444, eyeto y she submures.

Mer g. 1860: or mesamen show that the cruit, growing it stemach are

No, Anewism of the arch of the avita. 1550. George Miner, mulatto, widower, horsler, age 39, born in Maryland, was admit-

ted to Freedman's hospital, Washington, Db. July 7.1879 and died February 15.1881, suddenly, of hemorrhage by she mouth. Untopsy 20 hours after dearh: there was well marked regor mortes; bloody frosh around the mouth; numerous small dark papielae upon she forehead and face.

The head and spenal cavely were not enamened. He upper and middle loves of the right lung contained luberculous déposits, the lower lobe was in a condition of hypoclatic congestion. The left lung was congested; blood clots en the bronchial lubes; the left bronchus was ruplured just below the beforea-

There was an anewism of the arch of the aorta, presenting a lumor four inches in lateral diarneter which had caused absorption of she sternum between the second and therd costal cartelages and exoseon of the left side of the bodies of the 5th. to the Drh. dorsal vertebrae; en-Tending in front from the 2nd. to the 5th. rubs; it was occupied by a large larrenated clot except where it was presurous on she right side to a current passing to the innumerate and left caroted arteries and very emperfectly to a current to the left subclavian; it was also pervious to a current to the descending aorta. The aorta was asheromatous. The left subclavian artery was small and only slightly patulous. The heart was normal. as above meretemes, the left brunchus was ruplured. There was some flued in she ab-

dominal cavity. The vena cava inferior

and its afferent versels were measles destended with blood. The liver was small, somewhat with blood. The liver was small, somewhat congested; gall bladder empty. The spleen was small, flabby, ecchyanosed; weight about two ownces. The stomach and intestines two ownces. The stomach and intestines appeared normal but were not opened. The kidneys were congested, the bladder empty.

Sontributed by Dr. D.S. Lamb,

Washington, D.S.

Not the lower part of she spinal column,

1551 showing the tumor of spina bifida. There

1552 is also double talepes equins-varus.

25, not bast showing the posterior aspect of she

1604 thild including the tumor and talipes.

1001 child including the tumor and talipes.

1012 From a child which died of convultations when three days old. The anterior

1012 flexion of the legs seen in the photo
graph was due to relaxation, of the poster
ior, lateral and crucial ligaments of the

knee joint with contraction of the quadri
ceps extensor.

Leontributed by Dr. H. E. Leach,

Washington, D. S.

No. bolloid cancer of stornach and ornentum
1553. involving also the right supra renal cap
c45.4.5.10.

Mr. Febrey, white, age 53, died March
5.1881. Dr. J. M. Jaebots of Faces bhurch, Va.

states that he attended the deceased for

seven weeks up to January 11, when she paleent came to Washington. The symptoms were chose of dyspepsea, as waterbrash, vomiting of food, mucous discharges per anum wethout dearschoea; she patient improved under heatment. While in Washington he was allended by Drs. J. W. Van arnung and W.W. Evans. Ar the autopsy she day after dearh there was some reger mortes; much emaceatern. The head and spenal cavely were not examined. The heart was small, the valves normal; soft dark clois en each side. The lungs were partially collapsed, contained a few calcareous masses and presented in she lower lobes several dark blue porleins of firmer lexture than she remainder; these, when cut into, were found full y dark blood and serun.

There was bloody serum in the abdo. men. The peretoneum, both pareetal and visceral, was studded with masses of cancer, red and yellow in color, vary ing from the size of a punhead to that of a chestruit. The stomach fresented cancerous theckening of both curvalues, the cardiac and fryloric ends being normal. The culestines were not opened but appeared normal. The greater ornews um eras converted ento a mars of cancer nodules. The lever was small and congested; the gall-bladder contained a little gellow bele. The spleen was also phied weighing about half an ounce. The head of the pancreas contained cancerous nodules. The right suprarenal capsules also contained causer nodules; she left supra-renal capsule was normal. The kedneys presented cortical cysts. The bladder was empty. The dorsal and lumbar glands were enlarged and shickened with she cancerous formation.

bentrebuted by Dr. J. W. Van arnum, Washington, D.C.

Le Microecopical Lection, nos. 8451 to 8457, omentum; and 8454 to 8455, stomach.

Nos. Large anewrism of right external iliae 1554, outery.

1554, outery.

13455. Bronchocele.

12.3.3.D.4.

1004 age 45 (?) evas admitted to Freedman's hospital, Washington, D.C. January 27.

a large turner in the right ilio-inquinal and upper ferroral region, oval in shape, about six inches in diameter and faced with cicatricial tissue; the right foot presented a healed metalarssphalangeal ampulation; the left leg was exceedingly emaciated; the left foot presented a tares-metalareal ampulation

The spinal cavity was not examined. The spinal cavity was not examined. The right lung was darkly pigmented and firm posterioly from serves effusion, the left lung was adherent by firm old askerions, partly collapsed, and in the same condition as she right lung; the bronchi were congested and contained pus. The heart was well coated with fat; there were white clots in all the cavities, the tricuspid valve appeared a little

roughened. The aorta was elightly roughened by asheroma.

The lever was pale and ansence, she spleen soft. The slomach was distended with lequed; the interlines were pale; there were two small intuesusceptions in she eleun, without adheseens and only meagrely congected. the large intestine contained scybala. The mesentene glando were enlarged. The franciers was normal. The kedneys were anaemec. The prostate gland eras enlarged; the bladder full of were. The body of she fourth lumbar vertebrase was slightly eroded on she rught side. The upper surface of she pubes was careous. The lumor projected upwards to she level of the clear crest and its perisoneal surface was allached to the caecum and vermiform appendix, The sac of the tumor was then posteriorly and ruptured in removal, some flued blood escaping. The external clear artery was occluded by clot; she femoral artery opened didectly into she sac; she latter was lined with layers of febrin and for she rest filled with soft clot and some blood.

leontributed by Do. D. Lamb, Washington, D.C.

Sto. Anewism of she thoracic aorta, extend-1556. ing from the John to the John dorsal vertebrae. C.2.5.2.C.47. History by Dr. Newton: John Long, age 9006 37, quide to baptain busach's detachment

of 9th. bavalry, a native of banada and married. His family history good; no hereddary laint whatever to his knowledge. He had always been healthy; he denied syphilis; he acknowledged habetual teppling, but seldom got very drunk, he also acknowledged a stricture, the gave no rational history that pointed to sightdis. He stated that three months before, he had strained himself severely while lefting logs; since that time there had been constant delle pain alternating with lancinating pains about the region of the 8th. and 9th. rebs passing around the left side lowards the umbelieus. He found hunself growing weak and emacealed; could sleep only after taking anodynes. He always felt much oppressed after eating and was relieved after defecation; he was of constepated habit. as his condition was fast becoming very grave, acting apectant Lurgen alteins U. I. army sent him into she post hospetal to which he was admitted 25 July

On admission he was found to be greatly emaciated (having lost probably fifty frounds of flesh; and from an active powerfully developed man had grown feethe and tottering; all this in three months time. He still complained bitterly of the pain above described; he could scarcely eat. The injection of any solid food was generally followed by emasis. His bowles were emfined. A careful physical enamination revealed the spleen, shomach and colon pushed downwards and forward. A dietinct answers mad bruit was detected and on deep pressure, fluctuation, which

at times raised she whole mass of displaced viscera. Several heart movemours
were heard and she enlargement of she
heart made out; she force of she blood
coverent was much increased, and hy
pertrophy without dilatation was sherefore suspected. The answers mad bruit
was also detected posteriorly. The patient
dropped dead without warning and without a grown white eating his supper aug
ust 3rd. 1880; no eyanosis now dyspinoca fireceded the event.

at the autopay next day the following conditions were noted: The aorta fresents upon its left side just above its passage through she deaphragmatic opening a sacculated aneurism. This had impinged upon she bodies of she eighth and nunch dorsal vertebrae and had produced considerable caries of those bony surfaces most marked upon she eighth doreal verlebra; shere eroseins were upon she left of she anterior surfaces and she left lateral surfaces. The two larger orifices which will be noticed to she posterior aspect of she sac evere found when she sae was delached from the spenal column; the bodies of the eighth and much verlebrae forming she posterior wall of she sac to the extent of she opening a peculiarity which I never noticed before and of which I do not remember to have read. The attachment of she sac at she circumferences of shere openings was quite form. In front of she sac two smaller openings will be noticed where she ruptures of she ancivism (the immediate cause of dearh) look place. The edges

90 of these openings are jagged and are surrounded by discolored tessue showing extensive degeneration of she sac wall at she place of rupture. The inner coar of the aorta presents numerous atheromatous patches and she opening from The vessel into the sac seems unusually large. Imall vroseons can also be noliced. The other organs were to gross appearances in vien arhably good condition considering the extensive changes in the heart and aorta, The heart it will be noticed was extensively delated; The muscular Jebres pale and flabby; and all she valves insufficient from delatation; otherwise to gross appearances healthy. The lever presented commencing fally and slightly corrhotec changes. The kidneys, spleen, pancieas, intestines and saturnach normal; she lungo normal encept she right lower lobe which constained some hypostatic prieurnoma. The pericardum was apparently healthy; she bladder walls were hypertrophied, otherwise healthy. Contributed by Apl. Jurg. R. S. Newton, Fort Glandon, New Mexico.

Ao. Hypus removed from the rectum of a child. 55% bontributed by Dr. J. J. Bond, Washington, D.G. Lee Mieros Lectin nos. 8336 to 3339, aylindroma. This openines relations to Your . Yestin - no. 6998.

Medullary cancerstof mesenteric and retro-No. peretoneal lumbar glands, involving the greater curivature of the stomach. In micu. Ini 8737-8. Mrs. Lee, colored, age 8%, died march 9008 27.1881. The autofray 48 hours after death by Dr. D. J. Lamb showed much emacialin. The head and spinal cavily were not examined. There were hypostatic emgedem and old adhesions of both lungs. The aontic and pulmonary valves of the heart were somewhat calcareous. The aorta throughout its whole extent and she iliac arteries were asheromatous. The lever and spleen were small; the splenie artery asheromatous. The pancreas was flabby. The stomach! and intestines were normal. The kedneys were atrophied and presented small subcapsular cysts. The womb contained a small lumor (cancerous?) subpersioneal and sitnated anteriorly. The right ovary was atropheed. There was a cancerous lumor envolving part of she great omention and situaled beliveen the pylorus and transverse colon; a sesond, semelar tumor, of smaller size, behind the peretoneum of she right lumbar region, not involving she viscera, Contributed by Dr. G. L. book, Washington, D.G. Microscopical Vector of the right retropensmeal mass presents the Les Mienrespient Gestion, 200, 8445 to 8448. 15 59 History by Dr. Davis: Private andrew Fredericks, c.5.5.3. A. 14. co.K. Jih. Cowalny, aged 37, was wounded at Deep Bot-No. Hydronephrosis. tom, Va. august 16.1864, while a member of she Poop

2nd Pennylvania bavalry, the ball feassing through the right thigh and carrying
away a large porter of the glans penis,
away a large porter of the glans penis,
wethral canal for about one quarter
weethral canal for about one quarter
has been windling or rather dribbling
through a fistulous orifice on the dorsum?!
The penis which would not admit
no. I of the French scale.

about the 1st. instant Harry. 1881 he accidentally fell, his perineum corning. in orolent contact with she edge of a board, which aggravaled his brouble, and he presented himself for beatment on the evening of she Ish, having been ordered to do so by she company commander, and was at once admitted to she hospilal; never having been on she lest fir any disease whatever since his company airwed at this post december 1. 1878. He was in charge of she stable of company K, 7th. bavalry and sleft in she granary near et. The members of she stable-quard complaced to the company commander that private Fredericks brought his blankets into the quard room of she stable every morning to dry and that the winous odor from shem was very offensive. Upon examining his extemporaged bunk et was found that she bedding was all frozen soled from she wrine with which it was salurated and under she bunk she we was about four inches shick presumably from she same source. Upon inquiry of find that when on expeditions this man always slept alone, as none y his commades would have him with them on account of his hater as they supposed, of welling the

Upon admission his lemperature evas found to be 103°, pulse 120, respiration 22. a boggy, voregular shaped swelling was discovered in she previncum extending from near she ares to the base of she penis, to which hot applications were made with a view to inciseon. 9th., morning, temperature 98°, pulse 68, respiratein 22. Evening, temperature 100.2°, pulse 82, resperaten 22. Wino passed dwing the last wenty four hours 32 flued ounces; shecific gravity 1005; albuminous, 10th, morning, temperature 99.2°, pulse 68, resperation 22. Evening. Temperature 100.8°, pulse 80, respiration 28. Wrine passed in she last leventy-four hours 20 fluid ounces; specific gravity 100%; albummons. 11th. morning. Temperature 99.40; pulse 74; respiration 24. Evening: terriperature 102°, pulse 90, respiration 32. Urine passed 19 flued ounces; specific gravity 1008; highly albuminous. 12th. morning, temperatwee 99.2°, pulse 80, respirateri 24. Evening: lemperalure 99.4°, pulse 90, respiration 24. as 11 a. mr. loday, asperated the bladder, as it was greatly distended, very painful, and no wrene stras been passed since yesterday noon; removed 26 fluid ounces of wiene, which was so albuminous that it became nearly soled upon healing. 13th. morning: temperature 98°, pulse 80, resperation 19. Evening: temperature 97.2°, pulse 90, respiration 21. No wune voided since lapping and no perceptible accumulation. 14th, he died quetty at 8 a. M. this morning.

The treatment consisted in the free use of guinine, brandy, carbonate of ammonia, solution of the acetate of ammonia, solution of the acetate of ammonia, beef tea and milk. Hot bashs were

employed from time to time and the boweld were moved by enemata containing twepentine. Warm formentations were frequently applied to the hyprograture region. He was more or less comatore from the second day after his admission but could be roused from his slupor at any time to within a few hours of she end. The mioroscope facled to show any casts probably because the tubules were all more or less destroyed. Pus cello were seen in immense " all she wine examined. (after the autopray, I am at a loss to conceive how so much were could be exorded with she bedneys in such a condetern).

Post morten occupying two hours held on she afternoon og she 14th, eight hours after death: Body well nourished; height 5 feet 3/2 inches; weight about 150 pounds; cadaveric regidity well marked; crancal cavity not examined.

Thoracie cavity; after the sternum was removed, both lungs appreared much contracted, she right lung no larger than that ga chied ten years old. On she left sede shere were several old, firm, pleuretec adhesions of considerable extent. On she right, almost she entere pleural surfaces were found agglutinated ; no cavities were found in eather lung; no flued in eather pleurde cavily. Heart: pericardeum normal; right ventucle moderately covered with pale fat; right auricle and ventricle emtained a small quantity of a roft, friable, red clot, left aurecle and ventricle vecufred by a large, firm and bleached hear clot resembling a stecke og macaroni, and nearly as large as she little finger, which

enlanded from she left suricle chrough she corresponding ventreele into she ciorla for about two inches. There eras also a soft granular clos adherene to she chimae lendonear in she left ventrecle. Abdomenal cavity: hever of normal size but sludded here and shere shrough its substance with small collections of pus. sall-bladder empty. Intestines normal in appearance. The kedneys on section were found to be lettle more chan bags of pus, the weeters enlarged, thickened and sacculated. The blade der was found about a quarter full of a whelish mealure of frees and wrine; the coats of she bladder enormously hypertrophied, The prodate scarcely noticeable; the wreshed disterrded and The penis and one side [the left of the scrotum infellrated with an unhealthy The blood in all she versels of she body

was of a frame juice color and with neo Tout Tollen, A.S.

No. Spena befeda. 1560. From M. S., fernale child, age nearly c.s. -62. 10 months. The sac ruftlured april 11. 1881; she cerebro-spende fluid gradually drained off and she child died suddenly on she morning of the 14th. It never had convulsions; had always very lette power of motion in she lower extremities. It was however well nourished

96 and had out three teesh. It mursed a few hours before death. bontributed by Dr. a. b. adains, Washington, D.C. No. Cancer of lever. 1561. From a man, age afrie 30.1881.

Que died of congestion of lung Cefrie 30.1881.

Que died of congestion of lung Cefrie 30.1881.

Lung were found monnal; left lung

The lung of the series of she liver; spleen, From a man, age about 56, who congested; concer of she lever; spleen, pancreas, stomach, intestines, kedneys and deaphragm normal. Brain and spund and not examined, Mo symptoms during life promited to disease of she liver. The patient was under she care of Dr. Hazen. brutrebuted by Dr. le.N. a Kleinschmidt, Georgesown, D.C. Sto. Third and fourth richs of she right side 1562, showing superficial caries, she result of tubercular empyema. From a diesecting room subject. Contributed by Dr. D. J. Lamb, Washington, D. 6. Ass. Kidneys wish metastatic foci; left kidney 1563 exhibited on its upper anterior surface and overgular slough two inches in long

rected to permit she inspection of she middle and internal ear. History by Dr. Horton: "Private Herman W. movison, company I', 14th. Infantry, was detailed as cook in post hospital January 6. 1881. He performed that duty for two days, from the Joh. to the goh. January , when he was taken on sick report into høspital with neuralgia of right side of face, accompanied by otalgia. He was returned to duty cived on she 22 nd, after two days breatment. On rebruary 12sh. he was again received on sick report in quarters with oborrhoea. On the 14th, two days after, he was taken into hosp. etal. He complained of severe frain in right temporal region. On the 17th, lones were required, in addetim to anodynes, locally in the ear, anodyne applications and blisters to lemple, and anodynes freely given internally, with an occasional purgative as needed. On she 23rd. hebriay, for lenderness on preseure over mastored firecer of temporal bone, an encision down to the bone was made which gave vent to an ounce and a half of dark venou blood, which caused some relief for a porten of the day. Severe pain in she right temporal regim continued. A tent was kept in she incision made for she next stree days unter preseure over mastord porter ceased to cause from or lenderness. After she Zlash. he improved in every way, so that it was thought he would guickly recover. On the 3rd. of March, for some deght coating on Angue and as a timie, mitro-muriatie acid vas given. On the following day pain in the temperal region was again complained of as being severe. This continued, notwishstanding the most vigorous heatment by anodynes en-

ternally and internally and by revulsives was persested in unter the evening of the gih. March, when he was delireous and required to be held in bed by she nurses. an abscess external to she bone was opened behend she mastoed process, which gave existo one ounce of pus and grumous matter. He continued deliverous and his evacuations from bowels and bladder escaped involventarily, and he had loss of power in right superior and inferior exbremeties, with delated pupil untel 6.30 P. m. new day, when he died.

"Fost morten examenateur fifteen hours after death revealed extensive purelent deposits beneath the membranes covering the convex receptace of right cerebral hemesphere, and evidences of purulent baselar meningetis evere found, the deposets extending over sho medulla ento she framen magnum. A large thrombus was found in the right lareral serves. The external surface of she madord process of right temporal bone was darkened.

Contributed by Gurgeon I. M. Horton, Fort Douglas, Wat Ty.

No. Pelvis with a bridge of anchylosis between she 4th. and 5th. lumbar vertebrae and another still wider bridge between the 5th. lumbar and Ist. sacral, The right sacro-iliae synchondrosis is also united

by bony anchylosis. From a dissecting room subject; withour

history.

Contributed by Sr. D. S. Lamb, Washington, D.G.

No Sternum with a perforation in she lower in 1568 part of she manubium and another in costs. The lower part of she gladiolus. On she anterior surface of she manubrium are a number of flat osteophytes. The siphoid cartilage is oxified.

Trom a dissecting com subject;

withour history.

bintributed by Dr. D.G. Lamb,

Washington, D.G.

No. Kidneys foresenting amyloid degeneration.

1569. John Hall, age 41, light colored mulates, c.5.5.1.818. was admitted to Freedman's hospital, Wash
1019 ington, D.b. June 23.1879 and died afril

2.1881. He had had albuminuia for about three years, and for the Two days preceding the last day of his life, there were convul
sions.

as well formed and in good flech.

There were several ecchymotic shots in the membranes of the brain; the substance was comewhat vedematous. The spinal cavity was not examined.

The lungs presented old adhesions and serous infeltration. The awricles of the heart contained washed clots; the ventricles were empty; the valves normal. The avria was slightly asheromatous.

The abdominal cavity contained on abundance of dirty looking serum; a little recent peritonitis appeared in she form of dirty lines of lymph on she intestines. There were firm old adhesions of the liver, epleen and ascending colon.

The liver was large, its edges rounded; she gall-bladder contained yellow bile. The spleen was of normal size, consewhar lobulated; she capsule was shickened in fatches where there were adhesions; she substance appeared to have undergone ainyloid degeneration. The kidneys were large and white and each weighed about 8 ownes; she left was she larger. and she whiteness more marked in it, she organs appeared to have undergone amyloid degeneration.

be ordand degeneration.

June 28.1801.

The kidneys were amyloid, the degentration being located in the Malphician bodies and the muccular coals of many of the lemale arteries. Trycipient amyloid degeneration bras recognises in the splein but not in the lever year Microscopical Leries, nos. 8459 to 8461, splein; 8462 to 8465, kidney; 8466, liver.

No. Spleen with cheery masses.

15-70. Robert H. Robinson, age 35, Virginian, mulatto, C.4.5.17.6.18

married, was admitted to Freedman's

No. hospital, Washington, D.G. March 28.

1881. and died april 15.1881 of consump-

autofrey two days after dearh: where was slight rigor mortis in she arms and legs, imaciation, wasting of finger ends with downward curvature of nails, and she lips were dry and scaly.

The brain appeared normal; she

spinal cavity not opened.

The parniculus adiposus of the chest and abdomen as well as the muscles was wasted; the body generally anaemic, There were firm old adhesions of both lungs and bloody fluid in the pleur ae. The right lung contained some deiber-cular deposits in the upper lobe, the remainder of the lobe being carnified; the

lower lobe was congested and contained serous effusion. The left-lung foresented a large tubercular vomica in the upper love with Subercular defrocits and small vornicae in she lower lobe. The tracked was reddined. The broncheal glands were enlarged, pregmented and slightly dubercular. The perrecardeum contained a large amount of bloody serum. The heart was enlarged and flabby; there were from clots in both ventricles; the valves and endocardeum were nounal. The aortic arch and thoracic aorta were markedly atheroma-

There was a little bloody serum in she abdominal cavity. The omentum was erasted. The stomach appeared normal; et was not opened. The small inlectine foresented theckening and ulceration of Peyer's patches and soldary glands; many of the ulcero had tubercular granules in sheer bases. The mesenteric glando were enlarged and contained cheery tubercles. The pancreas was normal. The liver was anemic and fatty. The epleen was about double she normal eye and sluffed with cheery masses. The gallbladder contained yellow bile and four small black, jagged marses of inspissated bile. Kcd. neys anemic; at she afrex of she left kidney was a tubercle. The bladder was empty. bontributed by Dr. D.G. Lamb, Washington, D.G.

Les Microscopical Lection, nos 8408 to 8409.

Ass. Manubrium and gladiolus of sternum, with c. 6.3.2. 55. congenital fisure.

From a dissecting room subject. Gladiolus and ensiform cartilage of sternum and connected costal cartilages, with cal-1572 careous deposets in the latter. 9022 The subject was a comparatively Hernum with exosion of its posterier 15 /3 c.6.3./z.5%. From a dissecting room subject. Contributed by Dr. D. J. Lamb, Washington, D. C. 9023 Ovarian cysts; 1574 the right, 1575 the left. Nos. 1594 Ellen barter, age 48, mother of four child-15 4 5 c. 5. \$ 5. c. 25 + 26. ren, the youngest 15 years. The menses ceased after she bush of her Joursh child. The 9024 was altended four years ago for she womb complaint. I was called to see her July hi 14.1881; Jound the abdomen uneven and 9025 buberculated from she unequal developement of the cyst; constipation; unable to relain anything upon the slomach. an enema and a hypodernic injection of morphia relieved her to some extent. Pain was great. Il consultation was held with a view to operative proceedure, but she was too much enhausted to warrant et. The died July 26. Hulopsy (by Acting Aprilant Gurgeon S. S. Lamb U. S. A.) next day; she was a menlatto of small stature, emaciated and with protuberant abdomen. The head and spinal cavity were not examined. The lungs presented old adherious at she afrex. The heart was small.

The liver and splien were fremly adherent to the diaphragin; she lumors were fundy adherent to she adjacent intestines; shere was recent lymph in she left cleac forsa. The lever was normal; she gallbladder full of dark green bile. The spilesn forwented a shickening of the capsule; it was otherwise normal. Hornach and intestines were normal except she adhesions already mentioned. The right kidney was converted into a cyst and the weeter delated to shree times its normal diameter. The left keedney was enlarged; its lesture normal. The uterus was enlarged and patulous, ets mucous membrane normal. The right overy projected apwards and forwards occupying the umbilical and hypogastric regions; et was adherent to she omentum and intestines, nearly spiherical in shape, 32 inches in vertical and 30 enches en transverse coccumperence; et was converted into a large cyst with some smaller ones; she walls varied from oneeighth to one-quarter of an ench en thickenes; contents a shick, greasy, yellow ligued; she wallo lined wish collock clusters. The left ovary lay rather above and back of the right; it was 26 inches in vertical and 23 in lateral circumference; it evas converted ento three cysts of various seges, not communicating with each other; its conlento were similar to she right; she colclusters were more extensive; she lining of the cavities was injected and in many places ulcrated. The bladder appeared normal.

Contributed by Dr. J. a. Gumby, Washington, D. C.

Foetus at about she eighteensh week (one No. 1576. c.5.5/5.E.86. of a pair of twins) with extroversion of the abdominal priscera.

Mrs. K, age 18, married eleven months. Her menses last appeared about March 1.1881. About she ruddle of august she had a fall. September 8th. shere evere uterine pains with discharge of blood. The sac finally probuded from she vulva, was ruplured and discharged derty yellow liquid. Ergot evas admin. estered and two foetuses with a sengle placenta evere shortly discharge. One foelus, a female, was flat and flatty, about eighteens months of Joelal age and apparently normal. The other one, less nourished and of smaller frame, håd she entere reght lower exbeenuty including the innominate bone, absent, and extroversion of she abdomenal and pelvec vecera. Contributed by Dr. H.E. Leach, Washington, D.C.

Rupture of left Lallopian lube. Dearhby hemorrhage. Mrs. Larah Turner, age about 24, she mother of five children, colored. The comflamed September 12.1881 of pain in the abdornen, much like bearing down labor pains. The had at she same time a bloody flow like she menses; she latter had been gute veregular. On the morning of the 17th. her frain evas much increased and she fell to the floor. The deed on the afternoon.

9026

at the autopsy about a gallon of blood and clots was found in she abdominal cavity and she hallopian tube of she left eavity and she hallopian tube of she left side was suptured, a clot adhering at she site of rupture.

Site of rupture.

Contributed by Dr. J. L. Kartigan,

Washington, D.C.

No. legsto-sarcomatous tumor, weighing 11
1578. pounds, involving the right kidney of a
c.5.511.E.3. child of 21 months.

AD 28 Joseph Fitzgerald, white, age 21 months of

days, died October 5.1881.

Quitopey (by acting afsistant Georgeon D. G. Lamb) she saine day: there was extreme emaciation; the abdorner was prominent, most so at five inches below she lower extremity of the sternum, where she circumference was 26'r inches; from she sternum to she pubis measured 1312 inches; superficial abdorning and veins enlarged; prefuse constructed and adherent. The body weighed 23 pounds.

The head and spenal cavely were not examined.

The lungs and heart were normal.

There were some peritoritic adhesions of the liver to the intertines; the latter were pressed over to the left side; the liver was also adherent to the tuneor. The liver was normal in size and much congested; the gall-bladder nearly empty. The spleen and francreas were normal. The stomach and intertines were normal. The stomach and intertines were normal. The left kidney was enlarged, weight 1/2 vences. The right kidney was enlarged, weight 1/2 vences. The right kidney was converted into a cypis-sareoma weighing 11 pounds; it contained some

The right wreter was but half she size of she left. The bladder contained a small guant ity of wrine.

Contributed by Dr. G. L. Magnuder, Washington, D.b.

No. Stricture of the weether which proved 1579 fatal by rupture just behind the c.5.3.3. [A.15] stricture; the latter commences about 9029 two inches from the meature and extends 2'12 inches along the weether. Edward behapman, "a", 20 th. Imfantry, was discharged from service July 28.1881 on account of constitutional suphilis and organic stricture of the weether. He was

a man of intemperate habits and but lettle is known og hun after his discharge until he was taken ento she company barracks, where & found hum Leptember 14.1881, suffering intensely, having passed as he claimed no wine for nearly three days. He was at once removed to she hospital, where after facture to pass the strecture with a feleform bouge, the bladder eras emplied by asperation above she pubes. The tissues of she penis and scrotum were enormously dis-tended, for she relief of which extensive scarifications evere made. A small quant ity of wine was passed during the night following, but as she extravasateon was evidently increasing, he was wiged to allow she bladder to be tapped shrough the victum. He persistently refused

all further operative proceedure, continuing to pass his wine by way of the meature, though with terrible pain and great effort. He died with terrible pain and great effort. He died befrember 20.1881 of warmie poisoning.

The medication consisted of the use of quirement, morphia and fluid extract of jaborawing in with milk punch and meat juice; warm formentations locally.

Sort Brown, Jenas.

No. Portion of colon showing between the rugae 1580. numerous superficial diphetheritie alcers.

C.4.5.3.44. There was an abscess of the liver.

Bowman, mulatto man, age about 30,
Truedgmans
died Movember 4. 1881, having been in hospital, but 24 hours.

about 5 feet 6 inches; weight about 125 pounds general mutition good; rigor mortis in jaws and lower extremities; some frosthy greenish liquid around she mouth; three indurates patches at she fit of she stomach, caused by blister; just below eras a continous raised blister two inches long and half an inch wide.

The head and spinal canal were not examined,

The lungs nearly covered she pericardium; shere were frim, apparently old adhesions of she right lung almost everywhere; she lung was full of bloody serum, in some places eplenized; shere were a few yellowish hibercles of pinhead rige, firm and chiefly confined to she subplemed tissue; she larger browchi were reddened; she bronchial glands were full of black pigment. There evere four ounces of bloody serum in left feleura; no adhessons; she upper lobe was redematous, she lower lobe nearly normal; shere were a number of subercles scallered shrough the substance, similar to those in she right lung; she larger bronchi were congerted; she bruncheal glands black pigmented. The pericardeum contained a lette transfrarent serum; There was a small palch of old pericardities on the anterior surface of she heart near she apex; coronary vessels emply; substance of heart normal; valves normal; white clots in the xight cavities and less ventricle.

The pylones was displaced downwards, The liver was much enlarged, extending on she right side fully four inches below she ret margen; fluctuation was noticed in she right lobe; she gall bladder was contracted and empty; the lever was adherent to she omentum, to she anteries surface of she stronget near she gastro-hepatic omentum; shere adhesions were not strong and on gently breaking shem down sta Basters she lever ruplured and yellowish whete pus flower out; she abscess appeared to be sengle with rag ged walls; involving she greater part of she right lobe, she anderer marqui of which was congested and rather firmer chan normal; shere cras no amyloid degeneratein; she left lobe eras yellowich. The gall-bladder contained a little yellow bile. The apleen was about two-thirds gits normal size, its capsule healthy, its substance dry; it contained three bubercles recembering those in she lungs. The panviews was normal. The omentum was somewhar emgested. The stomach was not opened; it was distended with fluid and flatus. The mesenteric vessels were engarged, she glands nearly natural; she lowest foot of she ileum was opened and presented engarged vessels and she faintest enlargement of The solitary follicles. The large intestine showed scooped our ulcero chiefly on the folds, very numerous, event sloughing base and edges, und most abundant in she accending and transverse colon, The kedneys appeared normal. The bladder was centracted and emply. Contributed by Dr. D. J. Lamb, Washington, A.G.

No. Uterine fibroids in some of which calcareous 1581, deposits have taken place.

Un unknown mulatto woman eras admir-1031 Ted to Freedman's hospital Movember 8.1881. The had pain in epigaetrum and some d'wrhoes. The died in about 12 hours.

autoprey 30 hours after death: age about 45; height 5 feet one inch; everight about 120 pounds; nutrition fair; lower extremitions and jaw rigid; lower teeth crooked.

The brain evas normal jets membranes congested. The spinal cord evas not examined.

There were old pleuritie adhesions of she left lung laterally and posteriorly and besieven the lobes; the lung was redematous; she branchi were reddened and contained muco-pus. There were old adhesions of

the right lung over most of its surface; the lung was redemations and she branchi contained muce-pus. Branchial glands were not altered, The heart substance evas normal; the right cavities contained meried clots; the left ventricle evas empty; she anterior segment of she mitral valve evas a little shickened. The ascending and

The abdominal muscles were nonmal; shere was but little subculaneurs fat. The slomach was normal; it contained a little brown lequed. The small intestine eras a naemic; it contained a small quantity of brownesh liquid. The ascending colon was declanded evert flatin with some lequid and some soled faces. The sigmoid flexure was pushed lowards The right side and somewhat destended adjacent to she luner, The lever eras adherent to she deaphragm by frin old adheseins; ets substance evas firm, dark, anaemec; gall-bladder Jull of yellow bele. The spleen was small, atropheed, Jerm, dark; the capsule was roughened but not adherent. The francieus appeared normal. The right kedney was small; otherwise was normal. The left bedney was large but apparently normal. The bladder was normal. The uterus contained several intra-mural lumors, two to three inches in diameter; shere turners were myo-fibronias with calcareous plates; shere were several pediculated sub-peritoneal durings on she funder; there were some light adhesions around she dumors but she wort dell eras movable; she uterine canal was about four inches in length. The right overy showed scars and congestion at she bilum. The left ovary

elongated and distanded with grunnous fluid, about me inch from the uterus there was afr
parently an obstruction.

Contributed by Dr. D. Lamet,

Washington, D. C.

No. balcareous plates from the pulmonary pleura.
1582. N.J., colored, age 24, was first seen by
c.3.5.2.N.I. Dr. a. b. adams a week before his death.

9032 In June 1881 a dry hacking cough began;
in August there was infectoration. about
October 1st. he took to his bed with Jever,
rapidly emaciated and died in the latter

The body found its way to a discitling room and on being opened the right lung appeared healthy but she left was stringly adherent to she parietes of she cheer and broken down by cavities; there were calcaretous plates corresponding to the pulmonary there was a healed forafter a githe times of the right leg. boutributed by Dr. & a. Henderson, Washington, A. b.

Nos. boveholie kidneys, the right one much diminished 1583, in size.

1584 Ulceration of the bladder.

Marchael Brown, white, age 65 had been subject to reheumatic growt all his life. At she age of 14 he was operated upon by Dr. Physick of Philadelphia for stone. A few months before his death, offensive pus appeared in his wine; at other dinies it was of a clear amber color. There was an acutely sensitive condition of she weether an catheterization, and vesical tenesimes. There was hebetude.

The autopsy showed old pericardial adhesions; circhosis of she lives; she right kidney contracted to about one-fourth she size of she left; she bladder was relevanted on its pesterior wall and contained about a gill of pres. Microsopiese warmington of teader shows bootstributed by Dr. J. F. Hartigan, Washington, D. G. F. Hartigan,

No. Froetus of six months.

1585. Contributed by Col. J. H. Baster,
C.5. S. S. S. E. 87.

Chief Medical Purveyor U. G. A.

Washington, D. C.

1586 Stomach, Somewhat contracted, and presenting cancerous chisconing and ulceration. The neighboring lymphatic glands enlarged and cancerous.

Mors. Mary F. Ward; age 52; mulatto; married; washerwoman; died May 28, 1881.

Dr. Parsons sawher for the first time April 16, 1881.

She had been troubled with indigestion for years. During the winter of 1880-81, she had felt "dragged and miserable." March 6th she was taken severely ill. Her physician treated her for "biliousness and malaria," and then for "neuralgia of the stomach." She obtained some temporary relief from the application of a blister. April 19th the soreness, as she termed it, was referred chiefly to the right of the epigastrium was increased by pressure, worse at night and when she was lying down. There was flatulence; almost constant eructations; breath

offensive; appetite had long been poor, and was now markedly so; shoots regular, but dark and offensive; sleeplessness. The rongue was clean; urine reported to be natural in appearance; pulse and temperature nearly normal, She was somewhat emaciated, though not more so than she had been for years. Her face was haggard, with a worn and lived expression.

May 4th, consulted with 19, Lamb. On physical examination, a firm nodulated tumor was found occupying the epigastric, both hypochondriac, right lumbar and much of the umbilical region, the lower limit of the tumor running from near the crest of the ilium on the right side obliquely represents and towards the left. There was marked tenderness on pressure; percussion dulness over the hypochondria and epigastrium.

The gastrie disturbance was slight; there was no pain complained of in the right shoulder; no jaundice at any time; no dianhoed; no ascites. Her appearance was cachectic.

May 17th, there was a great increase of pain; much pain in the small of the back and through the ribs, more especially on the right side; there was also a feeling of pressure from within inhvards. Marked febrile disturbance was now noted, and it continued till the 25th, the pulse varying from 110 to 136. There was much vedernal of the feet and legs.

The tumor grew rapidly, and the symptoms he came steadily aggravated. After May 23th she was unable to oil up. Her articulation was indistinct; pulse weak. There were frequent attacks of whaustim, from which she rallied with difficulty. From the date mentioned she took no food. Once she vomited a small amount of grumous blood, the stools being small, very dark and very foetid. On the morning of the 28th she rallied and sat up for half an hour. In the evening there were two hemorrhages in quick succession from the bowels, followed by vorneting of about a pint of fresh, clear blood, the died about ten minutes afterwards.

Autopsy forty (40) hours after death, by Aching Assistant Surgen D. S. Lamb. No rigor mortis; much emaciation. Head and spinal cavity not examined. Right lung presented firm old adhesions at apex and some hypostatic congestion. Left lung also adherent at apex by firm, old adhesions; in the

periphery of the upper lobe there were a number of small calcareous and pigmented tubercles; in the lower lobe, hypostatically rangested, were two peripheral yellow infarctions (cancer?) Heart small. Some fluid in abdominal cavity. Fiver neighed 8 lbs. 2 gs., full of large and small cancer nodules, medulary in character, some of them softened to a pulp. Sall-bladder contained a little dark green bile. Spleen small, normal. Pancreas normal. Desophagus contained fluid blood. Stomach contracted, and presented cancerous thickening and extensive ulceration of both anterior and posterior mucous surfaces; between and not involving the orifices, it contained small blood-clots. Gastric, lymphatic and lumbar glands enlarged and firm (cancer?) Duvdenum contained fluid blood; otherwise the intestines were not opened, but appeared normal. Kidneys normal. Bladder empty, Ulorus small. Kight wary much atrophied; lest ovary converted into a white tuberculated mass the size of a walnut and partly cyptic. One of the perivaginal glands enlarged. See microscopical Series, nos. 8419 to 8421.

1587. Section of liver showing cancerous nodules, some of which are softened in the centre.

Goutributed by br. Mary Parsons,

See Mieur. Serie, nor. 8414 to 8418 Washington, Web.

1588 Uterus and appendages—the left wary converted into a c.5.3.5.c.25 fibrona. Contributed by Gr. Mary Parsons,

You micros. Serie, no. 8422, + 84100 8412 Washington, Deb.

No. 1589 A mass removed from the belly of a chicken which had It had shown no signs of been Killed for the table 9039 illness and was quite fat. On microscopical ex116

granular mass.

Contributed by Mor. John Hanlow,

Surgen General's Office.

Le mions open Sonis, nos. 8509 + 8510.

No. 1590. Stomach, much dilated and presenting a sessile tumor of the lesser curreture. The tumor measures 4/2 X 4 x 2 /2 inches, is somewhat lobulated, and mainly projects into the lesser peritoneal cavity. The mucous membrane of the

stomach corresponding to the turner is deeply eroded, in

some places into pockets. The muscular coat for 4 inches back of the pylorus is much hypertrophied. The tumor presented the micros copical appearance of scirrhous cancer.

Dr. De Witt furnished the following history of the case; George It Willy, age 67, born in Germany (formerly of 8th U. S. Cavalry) was admitted October 6th, 1881, inti Barnes's Hospital, W. S. Soldiers' Home, near Washington, D.C. for "old age and debility." He was given no treatment except special diet until the 16th when he vomited large quantities of fluid containing portions of what he had eaten during the day, and some black gramular moetter. He did not vomit again until one week afterwards (October 23ª) when he again ejected matter of the same character, which, submitted to microscopical examination, showed blood confuscles and epithelial scales in addition to the food he had taken; then vomiting returned every day, and was almost continuous on October 29th and 30th when he died of exhaustion at 7.25 8. Mo.

Examination during his sickness revealed a hard tumor within the abdomen, which was diagnosed cancer of the pylorus or possibly head of pancreas, with dilata-

tion of stomach.

A post morten examination by 10. B. G. Tool, confined to the abdomen, brought to light cancer of the pyloric end of the stomach, with dilutation and disseminated cancer of the liver. La microsopieal Gerie, onos 852418529 cance y summe

Contributed by Calvin De Witt, assist Surgen U. S. Army. Barnes's Hospital, U. S. Soldiers' Home, near Washington, Del.

No. 1591 Portions of the lower part of the ileum, 1593, including the 16 ileo-coecal valve, 1592 being next above, and 1591 a few inches No. 1593 higher. They present enlargement of the Peyer's patches and c.4.5.3. 1E.77 Solitary follicles, and in 1592 and 1593 there is some all ulceration of the same.

From a case of typhoid fever.

9043

Many Brown, mulatto, age 15, was admitted to the Freedmen's Hospitable, Washington, Lelo, October 29, 1881, having then been sick for a week and out of her head. While in hospitable ohe had fever continuously, the time peralure most of the time being 105°, the pulse 130, and with muttering delirium; there was pain in the head and abdomen, but no diarrhoea. She had a hemorrhage from the month. She did not Keep her bed all the time. Died November 4.

Autopsy, by Acting Assistant Surgeon D. S. Lamb, 40 hours after death. Her height was 5 feet 4 inches, and weight about 120 pounds. The general nutrition fair; rigor mortis still present in the jaws and extremeties.

The brain was firm, the membranes congested; the spinal cavity not examined. The larger portion of the upper lobe of the right lung posteriorly was in the condition of red-brown hepatization; the lower lobe filled with bloody serum. The left pleura contained three (3) ownces of bloody serum; no adhesions. The lung presented several congenital fissures, and there was hypostatic congestion.

The greater ornenteen was strongly adherent to the abdominal wall near the spleen; congested patches of the ileum were visible through the peritoneal coat. The stomach was distended with flatus and liquid food. The duodenum somewhat congested. The jejunum presented slight enlargement of Peyer's patches. In the ileum the Peyer's patches were thickened, increasingly so from above duodenium, and were ulcerated in the lower three feet, the solitary follicles were also enlarged, and some of them ulcerated. The mesenteric glands were enlarged. The caecum and ascending colon were enlarged. The caecum and ascending colon

presented a number of scooped out releas of small size; the remainder of the large intestine was not examined. The liver was normal. The spleen was about twice the normal size, very dark and softened; the capsule healthy. The pancreas was normal. Kidneys normal. Bladder contracted. The reterns was two inches in length, and presented a drop of blood in the os externum; the ovaries contained a few cysts of the size of pinheads and a large one about the size of a pea; the Fallopian tubes were congested.

Contributed by Lov. W. S. Lamb.
Washington, W.C.

No. 1594 Right testicle, spermatic cord and inquinal glands, increased in size and occupied by a new growth. The

none testicle measures 10 inches in circumference, the cord

inches and the mass of glands is as large as the

fist. This mass presents an adherent portion of the

greater omentum; the external iliac vessels are seen

lying posteriorly, where apparently they had been much

compressed; and what seems to be the vas deferens is

found in its inner surface.

Sent a brief history, in its entirety, of the case of Lewis Nehren, company of 15th Infantry, so much of it as was given in the monthly report of sick and wounded for the month of June, 1881, is here inserted, viz:

"A complication in the case of orchitis has supervened of sufficient pathological interest to make the case well worthy of a brief report.

case well worthy of a brief report.

"From the previous history of the case (as gathered from the statements of the patient, Private Lewis Nehren, company I 15th Infantry) it appears that the orchitis owns its origin to a strain made by endeavoring to left a heavy paymaster's safe. This occurred in June, 1880. The patient continued to do duty,

however, until admitted into hospital April 22, 1881, re= ceiving from time to time treatment by counter irritation, strapping, etc. When admitted into hospital the right testicle was very much enlarged, measuring in its long diameter 6 inches, and in circumference 103 inches. The testicle was very hard to the touch, and had again become very sensitive and painfull. The patient complained also of severe pain in the small of the back and over the abdomen, which, however, was not sensitive to the touch. In a few days it was discovered that the inflammation was extending upwards along the spermatic cord, which it gradually continued to do until the spermatic cord, from the testicle to the internal abdominal ring, was implicated. From the internal ring extending upwards and inwards for about two inches, an indurated mass of tissue can be felt upon deep pressure. With the extension of the inflammation the pains in the back and in the abdomen increased, and they have become now so severe that large doses of morphia, hypermically administered, are required to make them endurable-

"Notwithstanding the great abdominal pain conplained of the abdomen has at no time been very
sensitive to pressure. Peritoritis, in a subacute
form, is, however probably present. The external
abdominal veins have become enlarged and tortuous.
A fatal termination of the case is likely; for though
it is probable that after suppuration of the cellular
tissue has set in, aspiration or other operative interferences may avert the imminent danger from that
Source, death from exhaustion will probably anticipate
that event."

The subsequent history to the time of his death can he summed up in a few words. The tumor continued to increase in size so that it projected upwards against the anterior abdominal walls sufficiently to make the swelling visible. The pressure of the tumor upon the external iliac vein and artery caused extensive ordernatous swelling of the

right leg and great inlargement of the external abdominal veins. On June 15th the patient hegan to complain of painful micharition, and a copious deposit of pus was found in the wine. The diagnosis of pyelitis" was made, and the excruciating pain in the right lumbar region ascribed to this (vide infra the postmorten report.) Frequent explorations of the turnor with the hypodermic syringe to ascertain whether suppuration had taken place, were made with negative results. The patient gradually sank, and died from exhaustion, October 6, 1881. Autopsy: The enlarged right testricle, with its spermatic cord, and the tumor, including the iliac artery and very, which it surrounded, and the appendix vermiformis and a small piece of the ileum, which had become adherent to the turnor, were carefully removed in order to send them to the Army Medical Museum for preservation. Numerous locali felled with pus surrounded the case of the Tumor, About two pints of clear serum were found in the pelvis and the vessels of the peritmaeum, parietal and visceral, of that part were deeply injected. The right Kidney was com-

Considerably atrophied, were normal. Contributed by aprix Jung. F.W. Elbray, Fort Union, New Mexico.

pletely disintegrated, little of its normal tissue remain-

ing, and its covering membrane had become literally

a sac of pus. The mesenteric glands were much

Swollen. The other organs, Dave the liver, which was

Lee Microsophial Lection

1595 The bones of a ligamentous skeleton, including the lumbar vertebrae, pelvic bones and lower extremities, pre-1045 senting spina bifida and double talipes equino-varus. The spina bifida involved the 4th and 5th lumbar and sacral vertebrae.

From a female child which was born with a

breech presentation, and died of convulsions in about twentyfour hours. There was but little amniotic fluid; the turnor ruptured during labor, and resembled at birth and ulcer caused by pressure. The mother had previously given birth to two male children. With this child there was very little movement during gestation.

Contributed by Lor, Thomas le Snich, Washington, Delo.

No. A large mass expelled spontaneously from the externs, the 1596 expulsion being accompanied by profuse homorrhage. C. 5. 5! 5. B. 17. On microscopical examination of the firmer potion, it was 9040 found to be a (spindle-celled) myomal. In micus. Tenie 8836-8638 From Mors. K., age 45, the mother of several children, and had had miscarriages also. Her menses had been regular though profuse, and there had been no sign of pregnancy. Contributed by 19r. John Walter, Washington, Web.

9047 Portion of parietal pericardium presenting a number 1594 of sessile polyhoid growths. The Micus Serie 8792-4. No. Fortion of trachea and oesophagus. The latter presents 1598 in its anterior wall, immediately posterior to the bifurcation of the tracked, a nodular growth the size of a hazelnut, by which the himen of the oesophagas canal was greatly diminished. The glands in the Specimen are much enlarged and pigmented.

No. Theen, enlarged and with an opaque patch of old in-1599 flammation on its convexily; its section presents a close aggregation of yellowish-white bodies the size of pin-4049 heads, (enlarged Malphigian bodies.)

These specimens were obtained from the body of Belty Hall, age 35, who was admitted to Freedman's Hospital, Washington, W.C., January 4, 1882, comatose,

and died, apparently from Bright's disease, an hour after admissim. A large amount of wine was removed by catheter. No history.

Autopsy nineteen hours and a half after death, by Do D. S. Lamb. Height 5 feet 32 inches; weight about 135 pounds; nutrition fair; marked rigidity; teeth irregular; abdomen prominent and hard in the umbilical and hypogastric regions; cicatrices of distension on outer side

of thighs. No dropsy. There was slight adhesion of dural mater to calvarium; the pia mater was somewhat enlarged; brain slightly softened; lateral ventricles dilated and full of serum; choroid plexus normal; middle commissure of third ventricle absent.

The spinal cord was not examined.

The muscles, cartilages and bones of the chest, as far as examined, were normal. The right lung was partially collapsed (due to the upward pressure of the abdominal viscera) was firmly adherent everywhere, and presented some hypostratic congestion. The left lung was adherent in two places by small bands; it also presented hypostatic congestion, especially marked in the lower lobe. There was no fluid in the pleural cavities. The bronchial glands were enlarged and black with pigment. The heart was large and firm; there were large white clots in the right cavities, no clots in the left mes; valves normal. The pericardium (parietal) presented a number of flat polyfioid growths. There was slight fatty degeneration of the lining of the aurta. The oesophagus presented the tumor above described, which was firm, whitish, and formed of connective layers.

The parniculus adiposus of the abdomen contained a fair amount of fat, The omentum contained some fat and its vessels were enlarged. There was a small quantity of serum in the abdoment. The stomach contained fluid food, and presented patches of settled emgestem. The small intestine contained pulpy ingesta; there was a very little congestion, and the tolitary follicles were prominent. The large intestine was contracted;

contained very little faeces. The liver appeared normal, but was paler than usual. The spleen was enlarged, weighing 11's ounces; there was an opaque patch of old inflammatin on its convexity; the substance was dark colored and dotted throughout with whilish-yellow, Doft patches the size of a pinhead. The pancreas was normal. The Kidneys were large and pale, the right weighed 11/2 orences, the left 11 orences. The Dupra renal capsules were normal. The mesenteric and lumbar glands were enlarged. The bladder was empty, "The uterus weighed 5 lbs 6 owners; there were many small subperitoneal and many large submucous and intra= mural myomata; several projected like polypi into the cavity of the uterus; this cavity was irregularly dilated and somewhat tortuous, and contained bloody onucous. The left wary contained a tumor the size of a pea; the right wary was large, flabby and presented two small ruptures. Uterus not adherent

See Microscopical Section 8571 + 1572 my many mention bornes of the sort of th

No. Hidneys, from a case of parenchymatous nephritis, 1600 (Bright's disease,) 2.5.3.1.B.20. History by Surgeon Sibson:

Private Robert Crogan, Battery D, 2nd Artillery, age 32, was admitted to post hospital January 4, 1882, having appeared for treatment at "sick-call" of that day, with antiles swollen and slight distention of the abdomen. Ordered dry cups over region of Kidneys, and a mixture of tincture of digitalis, Syr. squills and spirits of mindererus. A specimen of the urine examined showed it to be quite albumin-January 3th Amount of wine secreted in 24

hours about 30 fluid ounces, slightly acid, highly albu-minous (about half of its bulk) Specific gravity 1024. To have acetate of potash, grains 30, every two hours. Milk diet almost exclusively.

January 6th Specimen of wine sent to Army Medical Museum for microscopic examination. Report received on the 8th stating that "a few granular casts, some red-blood corpuscles and considerable albumen were contained in the specimen. Acute Bright's disease had previously been diagnosed. Under the action of directics the amount of wine secreted in 24 hours had increased to 37 fluidounces. Vederna extending to the legs; considerable sympanitis of the abdomen. January 8th. Amount of wine secreted in past

24 hours 34 ounces. Wiet continued: no meats nor vegetables. No decrease in the orderna of the limbs. Satient's general condition good; makes no complaint, and is without pain or discomfort other than that occasioned by the olderna of the legs. Able to sit up in a rocker for an hour or two daily.

January 9th. Amount of wine secreted in the previous 24 hours 42 ounces. Directics continued. To have hot-air baths, Skin very dry and harsh. Complains of exclusive milk diet; to have light beef-broth twice daily in addition.

January 10th. The amount of wine decreasing; 33 ounces in past 24 hours. Abdomen becoming more distended and legs more vedematous. Hot air of discomfort produced by it. To have dry cups over region of Kidneys.

January 13th Amount of wrine decreased to 26 nences in previous 24 hours. Digitalis, which had been

mitted for a few days, was again administered, January 13th and 14th No special change. Abdomen steadily increasing in girth; very tymanitic with evidence of effusion into peritoneal cavity, Quantity of wine passed uncertain, as the patient had a routher

sharp attack of diarrhoea much of the unne was voided at Nool. Temperature normal; pulse ga. Lepeat hot-air bath, and continue diwretics and diet.

On the 15th the amount of wine secreted had dimished

January 16th Reapply cups. Thine 26 ninces in amount. Abdominal distentine greater. Tincture of cardamon in peppermint-water to relieve flatulence. January 18th. Tincture of mux vomica given in Connection with tincture of cardamon, and bismuth to relieve tympanitis and promote peristaltic action of the bowels. Amount of wine slightly increased; highly albuminous; acid reaction; 8p. gr. 1024. January 19th No change, Iwenty-four (24) ounces of wine secreted in past 24 hours. Abdomen to be frichened and anointed with tincture of digilatis and soap linement three times daily. Duspended diwretics. D'emperature normal; pulse 90. Dry cups to loins.

January 20th To have quarter grain muriale of pelocarpine; after its action ceases to renew diverties. Urene 30 ounces. Abdominal dislenten increasing; also the orderna of the limbs.

January 21 d and 22? No material change. January 23. Repeat the pelocarpine, due of grain, by mouth. Amount of wrine secreted 29 ounces; character unchanged, Profuse diaphoresis from pilocarpine.

January 25th Amount of wine in past 24 hours 23 ninces. Considerable ordema of penis and scrotum, to apply to abdomen cloth wet with infusion of digitalis and water (I nince to 8). Acetate of potash and sweet spirito of mitre continued. Bismuth and cardamon to relieve flatulence. Pulse 96; temperature normal.

January 26th Gorotum and penis punctured at several points with small aspirating needle, giving exit to considerable serein. January 27th, Sorotein and penis unusually

distincted, Skin of penis congested, with enginelatous blets at points of previous puncture. Gerotum again punctured, giving considerable relief. Abdomen much distanced and very tympanitic. Dulness, indicating effusion, well marked over the lateral walls; percussion, note very tympanitic over the anterior surface of belly. Continue digitalis applications. Amount of wrine 39 ounces.

January 28th, Gorotum well drained off, Penis looks as if superficial slaughing would occur, Applied poultices of lead-water. Amount of wine secreted 40 ownces; less albuminous. Patrint weak and suffering acutely. To have mine three times daily. Four of five small, painless movements of the bowels

January 29th Dedema of abdomen and limbs greatly increased; patient very uncomfortable; the often in the folds of the groin much congested; redness extending symmetrically down the outer aspect of each thigh. Amount of wine 32 ounces. Suspend digitalis. To have me-tenth of a grain of elaterium, Rubber tube of stomach-pump inserted into the rectum and passed up the bowel for a distance of ten inches, to relieve sympanitis; no appreciable relief followed. Four or fine large watery evacuations followed the administration of the elaterium, relieving in a measure the tympanitic condition of the abdomen.

January 30th. Twenty-rine (29) ounces of wrene scoretet. Pulse 120. Very weak; passed a bad night. Stromach very irritable; rejects all medicine; food not tolerated. To have tablespoonful doses of hot brandy toddy; also Valentine's meat-juice every 2'2 hours. Redness of the okin gradually extending down the thighs towards the Knees, not attended with increased temperature of the surface. The area of congestion invading both limbs symmetrically. Hypodermic injection of morphia, gr. to, causing considerable relief.

January 31th About 8 ounces of wine voided

in the previous 24 hours. Patient failing rapidly; features prinched; pain excessive; to relieve which a hypo-dermic injection of morphia, gr. to, was administered at 4 P. M., followed by three hours of undisturbed sleep. Dromach very initable; everyling rejected. Movements of bowels frequent; small, watery passages tinged with blood. Hypodermic injection repeated at 10 P.M. Patient restless and wateful all night. Complaining of great pain in the region of the loins, and the left arm, which is somewhat swollow.

Autopsy six hours after death, by Surgen Sebon and Assistant Surgen Reed.

Rigor well marked. Dousiderable infiltration of the subcutaneous cellular tissues of the abdomen. Stornach and intestines much distended with flatus. About me gallow of severn in the peritoneal cavity. Stormach contained about three ounces of darte matter; fluid food. No structural change. Liver much enlarged; eveight 6 pounds 2 ounces. Several nodules on the surface and in the sut= stance of the liver, having the appearance of cancerous tissul. There were about 8 or 10 of these depots of deposit. Several sections of the liver, each containing a nodule, were preserved as specimens. Gall-bladder distended, Containing me nence and a half. Capsules not adherent; easily stripped from the surface of the Kidneys. Right Kidney weighed 11 gounces, lest 112 ounces. Contiral substance much increased and apparently infiltrated with fatcells, Cones much compressed. Specimen preserved for microscopical examination in Army Medical Museum, Spleen greatly enlarged; weight 1 pound 9 ounces. Substance normal, excepling the superior border, which was very soft and friable.

Bladder firmly contracted and empty; entes-

* micus especial examination should there to be gumen ata.

Hight pleural sac contained a small amount of effusion. Left lung bound down by old frim ad-hesins to the chest walls. Hypostratic rengestion of both lungs.

The pericardium contained 1'4 amees serum. Ventricles of the heart slightly hyportrophied. Anteand bloodvessels normal; no valvular lesions;

Invart weighed 14 nunces.

Contributed by Surgeon J. R. Sibson

Washington Barrachs Mashington, D.Co.,

Se microscopical Lovies, 8542 +8543, pourty notion nephrice.

An intussusception of the ileum at the iteo-coecal 1601 valve in the ascending colow. A long whalebone probe marks the lumen of the bowel; a shorter me, 9051 mostly concealed, is inserted in the angle of reflection and marks the abnormal opening from sloughing. The inraginated portion is extremely swollen and deformed; and dask colored as from incipient gangrene.

19, broft states in his letter of transmittal that the individual, Otis b_ b_, from whom the specimen was taken, presented signs of obstruction of the bowel which the attending physicians failed to realize.

Contributed by Dr. J. Y. broft.

Hiken, South Carolina.

1603 Final fragments.

From a mulatto woman, age about 75, who died February 14, 1882, of valvular disease of the heart. At the post morten examination, made by 19, bl. S.

Lamb, the costal cartilages were found calcified, "the heart was enlarged; the coronary arteries and acrtic valves calcareous. The dorta and its immediate branches pre= sented fatty and calcareous degeneration. The gallbladder contained a batch of small gall-stones adherent to gether by inflammaling exudation, forming a mass the size of a marble, and enclosed in and intimately attached to a pocket at the fundus, entirely Deparated from the remaining cavity of the bladder, in which were 333 small calculi, many fragments and some

Contributed by 100 Mary Parsons, Washington, 126,

No.

1604. The Base of the brain presenting a thick opaque patch of c.1.5. 2. A.7 lymph extending from in front of the optic commis-Surface of the cerebellum.

No. A Prortion of the ileum and coecum with vermiform 1605. appendix; The solitary follicles and Peyer's patch c. 4.5.3. I'm of the ford are hypertrophied; the coecum presents the vermisorm appendix many small, irregular eroding ulcers.

Many Root, a mulatto girt age 15; was adin a comatose condition which remained almost constant till her death on the 28th Her temperature was 103° to 105°; pulse about 160; There was pain in the abdoment in the right cliac region; there were no chest symptoms, no diarrhoea and no spasm. Autopsy, by 19. Lamb, 25 hours after death: Height 5 feet 1 inch; weight about 90 pounds; general nutrition fair; rigor mortis marked, hepetic eruption at

to the right of the right ral angle marks of counter-

No. Abdominal auta and common cliac arteries, ather 1602 emotous.
No Biliary calculi to the number of 333 and some addiwithdrant in each side of forehead and nape of neck; abrasions on oppor portion of nates.

Find maker congested, and presented numerous patches of creamy pass on the convex surface of the homispheres of the cerebrum in the rupper surface of the cerebellum; on the convolutions of the cospus callosum and at the base of the brain; There was some lymph and bloody liquid in the third ventricle; some bloody liquid also in the lateral ventricles; curdy lymph in large quantity offen the pour Vardii and medulla oblingata; the brain substance was a little softened; the puncha vasculosa normal.

Spinal cavity not opened.

Right lung congested posteriorly; the posterior twothirds of the lower love were in the condition of red hepatization; the left pleura contrained several ounces of bloody serum. There were old, form adhesions of the upper lobe anteriorly; the lover lobe was congested; the branchiat tobes were somewhat congested, the theast was normal; there was a minute clot in the right ventricle. The Lower four feet of the ileum were opened and found to be congested, the Peyer's patches and solitary follicles thickenand pigmented. The Caecum and ascending where, color presented pigmentation of the Dolitary glands. The Mesenteric glands were enlarged, Liver normal, Malphigian bodies of opleen enlarged. Kidneys congested. huse Bladder normal, Usterus and appendages normal. Contributed by Dr. D. S. Lamb.

Washington, D.C.

Biliary calculus, composed chiefly of cholesterine. 1606 History by L. Yourow:

Was called to see Mors. _____, a widow, aged 51, 4086 February 95, 1881, at 5 P.M., and found her suffering from intense paroxysms of pain over and in the right

hypochondriac region which she was inclined to consider were due to an attack of subacule gastritis, she having suffered from this disease for a number of years. The pain seemed to commence a little below the right nipple and extended to the umbilical region, the duration of the attacks being about five minutes, with an interval of perhaps ten minutes. Her temperature was normal, the pulse slightly accelerated only, tongue coated with a heavy yellowish fur, the conjunctiva was yellow and there was general ictores of the face; The had, also some nausea, although she did not vomit while I was present.

The patient's history of the case is as follows: About two weeks previous to my visit she had a general feeling of malaise; her head was dizzy and her bowels constipated. She took some domestic remedies but continued in pretty much the same condition until withen forty=eight hours of my viset, when she vomited freely. During this period of two weeks she had no cramps or colicky pains whatever, but on the morning of Saturday at y iclock of the 25th of February, the first pains commenced, which increased in intensity up to the time of my visit at 5 P. Mb., but which did not reach their come until of P. M. After watching by the bedside for a few minutes and hearing the patient describe the pains as of a tearing or lacerating character, the conclusion was reached that a biliary calculus was passing through the ductus communis choledicus, and having little faith in the internal administration of the various remedies which have been proposed of dissolving Engaged calcule, she was simply given morphia in Sufficient quantity to narcotize, trusting that time would relieve her sufferings. In addition, The was rubbed downwards from the point where the pain commenced to the point where it ended, bhloreform was not used as the patient's heart was flably and fat, no ether on account of the nauseal.

As has been remarked, the come of pain was reached at of P. Me, after which time she vimited large quantities of bile and gradually became easier, so that when the was again seen at 10.30 P. Me, she was quite comfortable. The was ordered a dose of cathartic medicine for the moining, and the family requested to be in the watch for anything suspicious that might appear in the dejectime. The calculus was passed Monday morning, February 24th at 3 A.M., and within forty- eight hours. With the exception of a little intestinal soveness the patient seemed quite well.

Apart from the large size of the calculus, the most interesting fact of the case is the apparently short time that was required for the passage of the stone from the gallbladder through the cysti and common duct into the durdenum, the process requiring from, Day of A. M. of Saturday until y P.M. of the same day. Another feature of interest is the passage of this calculus, large as it is, through a tube so small as the common duck, and although a number of cases have been reported of the passage of larger stones, in most of the instances Communication has been established between the gallbladder and intestine by a process of fistulous celceratim, this process, however, requires time, and could hardly have happened in the present case.

The calculus, which is obviously a monolith, weighted when first received 1434 grains; but it doubtless lost 10 or 15 grains from the very careful cleansing it was subjeded to. See elled. and Surg. Reporter, Pheladelphia, November 11,

Contributed by Acting Assestant Surgen H. C. Yarrow. Washington, Meb.

No Foetal membranes at about Dix (6) neeks.

1604 Mrs. ____, age 26, had last menstruated January 14, 1882, On the 23th there was critus. February 14 there was a slight 9057 show of menses, and on the 16th coitus was repeated.

April 7th a tent was inserted. On the 8th a clot came away and there was a little himorrhage. The next day she aborted, There was much bleeding, from which she fainted; The had also a chill and fiver. Recovered. The follus was not recognizable as such, but was referesented by a roft mucoid mass about the size of a pear The amniotic fluid was not noticeably altered Contributed by Lor. H. C. Yarrar, Washington, Lel.

No A portion of a cystic cancer of the right ovary. Removed 1608, after death. The micro. 400. 85766881.

History by Gr. Mourphy:

9058 Rate Palmer, white; age 29; nativity, District of Columbia. Admitted to Columbia Hospital December 7, 1881. Is single, and has not been in good health for a number of years. Four years ago had bilious remittent fever, and from that time was not out of the house until last winter. Tebruary, 1881, was sent to St. Elizabeth Asylum (District of Columbia) for treatment of melancholia, and remained there until June. Thinks she noticed some abdominal swelling while at Asylum. The abdominal swelling was first noticed by relatives in June. In November first had aching pain in right side after walking; continued about me week when it ceased, but commenced in left side low down towards left inguinal region. The pain was of a sharp character, shooting across abdomen; at same time something seemed to move in abdomen. Has almost constant pain, becoming more severe at times, especially when attempting to move! Has lost flesh; bowels constipated.

January 29, 1882. For a short period after admissoon the patient seemed to improve, but has again lost ground. Pain in lest side continues; suffers from great pain in épigastric region; is weater; complexion

sallow, and also has a severe burning pain in right inquinal region. Has suffered from nausea for the last two weeks, and for one week past has been able to retain very little on stromach. Has attacks of dysproed and frequent short hacking cough with expectionation of white, and sometimes yellowish, mucus. Is restless, and sleeps poorly; back pains a good deal; bowels constipated. trequent michiration, but no increase in amount of wine passed. Specimen of wine, 37 ownces, passed in 24 hours: non albuminous; Sp. In. 1012; reaction acid. January 30, 1882. Paracentisis performed, and 15 pints, 13 fluid ounces of fluid drawn off. Specimens of this fluid were examined at the Army Medical Museum by Dr. McConnell. Treatment: Jonics, palliatives, and stimulants. Patient rapidly filled again, and on February 28, 1882, was tapped the second time, 14 pints 3 fluid ounces of fluid, similar in character to the first, were drawn off. After tapping a solid turner of considerable dimensions could be readily detected, extending upwards from the left iliac region as high as the lower rit and across to or beyond the median line. Much relief afforded by the papping. March 18, 1882. The symptoms having again become urgent, a consultation of the Advisory Board was held for the purpose of determining the advisability of immediate operative interference. It was decided not to attempt the removal of the growth, Paracentisis was performed, and 24 pints of fluid evacuated. She was again very much relieved by the removal of the fluid, and left the hospital March 24, 1882. Patient died April 3, 1882. The turner, consisting of Dacs, solid and semi-solid masses in various stages of degeneration, was removed at a post morteno examination, and was found to opining from the right ovary boutibuted by 10. P. J. Murphy, loolumbia Hopital, Washington, Ol.

One-half of a ganthic oxide calculus, passed from the Kidney. The entire calculus weighed 48 grains. 1609. C.S.S.1./F. 10. For history, see New England Medical Monthly, May, 1882, p. 344; See, also, Cincinnate Lancet and 9059 Contributed by 19. Seonge L. Porter, Bridgeport, Connecticut. 9061 (1611) howspend to 50 Prov. parts. No Heart, hypertrophied and dilated, and with disease of 1610 the aortic valves. The endocardium of the left 9060 ventricle is markedly thickened. No. Lower lobe of the left lung, presenting a large hemor-1611 rhagic infarction of the lower lateral margin. No. Left Kidney, lobulated, and with two separate sets 1612 of bloodressels. 16/2 of bloodressels. Smith Beale, age 21, dark mulatto, had been in Freedman's Hospital about me year; his feet had been frostbitten and several toes were lost. He had cough and occasional harmoptysis, dysproved, sometimes bloody sputa, and vomited after coughing. There was marked bruit. Wied March 9, 1882. Autopsy, forty hours after death, by 19 D. S. Lamb. Height 5 feet 6 inches; weight 135 pounds; General nutrition fair; slight rigidity; just above the left orbit was a depression of the skin and Rubjacent parts, there was vederna of the lower extremities; loss of phalanges of right great and second toe and of left first, second, third and fifth toes; no discoloration.

The membranes and brain adjacent to the frontal bone just over the left orbit were firmly achievent to the bone, the brain itself being thinned and with a central aperture; the anterior aspect of this excavated prortion presented a flattened fibroid mass, internatly attached to the bone. Remainder of brain normal.

And muscles of thorax normal. Right lung adherent at apex by firm old bands; the upper and middle loves were vedematous; the lower love vedematous and congested; there was an abundance of minute sub-pleural emphysematous bubbles. Left lung compressed bactwards from the pressure of the heart, the upper love was vedematous; the lower love vedematous and congested. In the lower lateral margin of the lower love was a firm, dark, precumidal hemorrhagic infarction an inch in length; the pleural surface of this patch was prominent and roughened by fibrin; there was sub-pleural emphysema as in the right lung. There was some bloody liquid in the pleural cavity.

The heart, emphied of clots, weighed 28 ownces. Then reweighed one year and twenty days later, the weight was furt 24 ownces, a loss of 4 ownces. The hypertrophy and ditalation involved mainly the left lung; the hypertrophy and ditalation involved mainly the left ventricle, the remaining cavities being much less affected; there were washed clots in all the davities; the valves of the right side appeared mormal; mitral valve hypertrophied; endocardium of left ventricle thickened, markedly so near the artic valves, me of the artic segments was nearly normal, to the edge of a second was attached a fibrous growth, part of which was calcareous; the third was thickened, and presented a small, possibly artificial, perforation. The ascending article appeared to be perfectly normal.

The abdominal viscene were normally situated; the transverse colon was much contracted; the organs adjacent to the gall-bladder were stained with bile; there was a small quantity of fluid in the abdominal cavity; the veins were distended with blood. Liver slightly enlarged,

face of right lobe rounded; slight adhesions of upper surface of right lobe, otherwise the capsule was normal; the
organ was somewhat congested, and the lobes mapped out
quite distinctly. It all bladder filled with bile. There
were frim, old adhesions of the epleen to the diaphragm;
the organ was firm and much lobulated; the Masphigian
bodies quite marked. Pancreas normal. Stomach
and intestines normal with the exception of congestion of
duodenum. The right kidney was large, firm, congested; the left was lobulated and congested; there were
two sets of bloodressels with one wreter.

Bontribuled by 19° F. J. Shadd,

Preedman's Hapital, Mashington, Web.

No. Left lung presenting miliary tubercles and some cheesy 1613 masses.

1614. hevent together by tubercular peritoritis.

John A. barter, a black boy, about 12 years and 5 months old; died May 18, 1882. This patient had a slight frame and medium statuse; intelled not bright; parents very poor. When I was first called to his case I found him suffering with intense pain in the abdomen, more especially refunable to the right iliac region, where there was great tenderness upon pressure. The abdomen exhibited general temperation, with considerable roundness and turnefaction, There was high fever with diarrhoea, stools watery, mixed with mucus and gelatinous substances.

The history of the case prior to the time I was called was, as near as I could ascertain, as follows: From four to six weeks he had suffered with severe cough, at the end of which time tenderness and distention of the abdomen manifested itself, and it was then that medical assistance was for the first time

snight. Mistaking the swelling and tenderness of the abdomen for the evidence of worms, anthelmintics were repeatedly given, which resulted in aggravating the symptoms present, in the irritation of the whole alimentary track, and bringing in a severe diarrhoea; and in the condition, as above stated, I found him __ but with entire absence of cough _ and which by the way, never returned.

The tympanitis was considerably reduced and the pain in the abdomen confined to the right diac region. The lower portion of the abdomen below the umbilious, exhibited to the touch a soft doughly sensation, except in the right diac region, where there was more firmness, and solid hardness throughout the entire turn of his sickness.

As the case progressed and the general symploms become more pronounced, there were intermissions and fluctua-time in the severity of the symptoms. Pulse ranged from 100 to 130 per minute. The severe pain and tenderness exhibited in the right iliac region would often extend across the lower portion of the abdomen into the left iliac region, and at other times up the tract of the ascending color. Iseneral tenderness over the abdomen would nearly always be found upon firm pressure upon the deep organs and structures.

the digestion, although at times presenting marked disturbance, yet, generally speaking, until near the close, was comparatively good; his appetite, however, was salisfied with a small quantity of food. Emaciation gradually increased from the first, There was no vomiting until the last week of his sickness, when it became me of the prominent symptoms. A peculiar feature of the case was the bright clear expression of the eyes during the whole sickness.

During the last week there was general peritonetis and great pain, fluctuating in severity from time to time, unil death ensued from exhaustion. The term of the disease, as near as I could ascertain, was about four months.

Antopsy, 32 hours after death, by 10. D. S. Lamb:

There was no rigor mortis; the emaciation was extreme; the abdomen somewhat prominent.

The head and spinal cavity were not examined. The heart was normal with the exception of an small patch of old pericarditis on the right ventricle.

Right lung contained many groups of miliany tubercles; lower lobe somewhat congested. Left lung contained several large and many small groups of miliany tubercles; lower lobe somewhat rangested. Pleurce of both sides normal. Bronchi contained glaing mucus; bronchial glands enlarged and full of black pigment.

The liver and spleen were firmly adherent to the diaphragm; they were adherent together and to the adjacent hollow viscera by abundant delicate threadlike adhesions; the coils of intestine adhered firmly by a mass of lymph in which neve innumerable lubercles variging in size from a pinhead to a pea, of all shapes and of a grayish-yellow color. Many mesenteric glands were enlarged. The stromach appeared normal; was not opened. The intestines, especially the large intestine, contained a putty-like faces. There were many ulcers of the small intestine; some perforating. The liver, spleen and pancreas appeared normal. Ridneys somewhat congested. Bladder distended, the periteneum, where non-adherent, presented abundant tubercular masses from the size of a purhead to a pea. Contributed by Dr. H. M. Bennett, Washington, Allo,

No Human foetus, female, in the fast month of 1615 pregnancy. A monster with eventration and by hyperen cephalus (1). Classed by Saint-Hilaire 1616 in the order of Autosites, tribe 2, family belosomings and genus belosome.

No 1615 is the body with skeleton removed; it measures 14 inches. The eventration is on the left side; it includes the heart and left lung, the stomach, most of the intestine and opleen. The right lung, liver and of the intestine and opleen. The right lung, liver and utergenital organs, including the external genitals, were normal in character and position. The head is large, having a circumference of 12/2 inches. The neck, just below the ears, has a circumference of 4/2 inches. There is a large fission, probably artificial, occupying the middle line of the head; a second large, but natural, fission, occupies the nass-oral region. The eyes, with partid eyelids, are widely separated, and the ears very far apart. The left upper extremity is shortened and reminated by three fingers. The right foot presents a talifes equino-varies.

No. 1616 is the skeleton. Corresponding with eventration, the opine presents a marked convexity to the left; the ribs of the left side do not meet the sternium, but are curved downwards, forwards and inwards, lying almost flat against the opine. These ribs are deformed as to thickness and breadth, and two of them are united at their borders. The stermin is cartilaginous. The first four ribs of the right side are united at their borders. The skull presents the following anomalies: Parietal bone on each side is fused with the frintal, the bine of parietal separation being shown on the right side and not on the left, where, also, a large membrannes interval exists between the parietal, occipital and temporal bones. The inter-parietal suture is two inches mide; the frontal suture me inch and a half wide at the widest, gradually narrowing to the root of the nose, The orbital plates are placed vertically; the temporal bones nearly horizontal; the sphenoid normal. The os planum of each side (ethnoid) is fused with the orbital plate of the superin maxillary. The nasal bones are half an ench apart, The nasal processes of the superior maxillary are an ench apart. The alveolar processes project forwards and upwards curvilinearly between the nasal processes and nasal bone; the nasal cavities are narrow, and not patulous in the dried preparation; the

inferior maxillary is a little shortened (?) and lacks the proper curviture, so that the symphisis is immediately beneath the palate processes on the palate bones. The bones of the right ankle present the condition of talipes equin varues.

The specimen, as received at the Museum, included the placenta, which had been broken into several portions, and was flattened, but appeared to be normal in structure; the membranes were also normal, and had been divided at about one inch from their attachment to the body. The head was somewhat collapsed, and the soft brain-substance was exerding

Contributed by Dr. George a. Harding, Sant St.- Marie, Buchigan.

No Alimentary canal, from tip of tongue to duvdenum; 1614 from a child; presenting inflammatory stricture of oesophagus and abrasions of mucous membrane of Nonach below cardiac orifice.

January 22, 1882, from stricture of the oesophagus, caused by drinking by accident some caustic alkali. Wilatation of the stricture with bougies and rectal feeding in addition to oral, enabled life to be sustained for a number of months.

Autopsy 18 hours after death by 19, 12, S. Lamb.

There was much emaciation.

There were firm, old plewritic adhesions on each side, most marked on the left; no plewral fluid. The lungs were partly collapsed; their substance normal. The heart was normal; white clots in the right ventricle, mixed clots in the left auricle; fluid blood in the left ventricle.

The resophagus presented a stricture extending from opposite the lower part of the cricoid cartilage

to opposite the bifurcation of the truckea, 22 inches in length; the internal circumference in the narrowest part was me fourth much; there were cicatricial bands having a longitudinal direction and with intervening pockets. The mucous membrane was to a large ex-

The liver was normal; gall-bladder full of bile; adjacent tissues tinged with bile, spleen and pancreas normal, Stomach abraded at the cardiac end. Duodenum normal. Peyer's parches and solitary follicles of the cleum were enlarged, and mesenteric glands enlarged. The large intestine contained lumpy faeces. Kidneys not examined. Contributed by Dr. Co. lo. Morgan, Washington, N. S.

No. 1618. Alimentary canal, from tip of tonque to & duodenum, presenting carcimotous stricture of oesophagus and tracher-oesophageal fisterla. 1619 No. 1619. Portion of liver, from same patient, with nodules of medullary cancer.
William Cameron, white, age 58, died January 25, 1882.

He had been fed by a stomach tube to a certain extent.

Autopsy, 22 hours after death by Lov. D. S. Lamb, There was much emaciation.

The head and spinal cavity were not examined. The lower cervical glands of the left side were enlarged to the size of a walnut, and occupied by a

There was a small quantity of fluid in the pericardum. The heart was normal; there was a mixed clot in the right awricle and ventricle; a soft, dark clot en the left ventricle. The lungs anteriorly were parety collapsed and somewhat redematous; posteriorly, and especially towards the spine, they were closely adherent to the parietes, and contained several irregular, whitesh,

indivated masses about the size of hears. There were old adhesive bands at the apex of the right lung and at the side of each lung; no fluid on the pleuval sacs. The trachea and branche were congested, and at the tracheal bifurcation was an opening into the verophagus. The latter presented a thickening (carcimatous?) of its walls, beginning opposite the tracheal bipercation and extending three inches downwards. This thickening had largely broken down by ulceration, and an oval perforation 18 unch en long diameter had taken place into the left bronchus, extending up to the Lifurcation. Below the thickening the oesophagus was narrowed to 17 inches in internal circumference, and presented eight tongetudinal perforations of the mucous membrane varying in size. There was an oval nodule of cancer heneath the mucous coat just above the cardiac orifice of the Homach, The lymphatic glands situated behind the oesophagus and below the tracheal bipurcation were enlarged and cancerous. The liver was small, and contained a few large masses of medullary cancer, with a greater number of outlying and some independent small ones. The gall-bladder was distended with pale yellwish bile. Spleen small, normal. Panareas normal, Stomach and intestines normal. Ridneys appeared normal, Bladder contracted. Contributed by Lor E. C. Markington, Le.C.

No. 1620. Heart, arch of the Aorta, its immediate No The heart is small, the aorta atheromatous, and 1621 presents three aneurismoil pouches the middle of which has rupliered into the oesophagus. No. 1621, The right Kidney, with a cyst in its anterior

hortion the size of a small heart, it had a distinct wall, and creamy contents, in which was a small invisited mass. This fight of Assist and Surgion S. J. Radcliffe, and this fory by Acting Assist and Surgion S. J. Radcliffe,

The case is that of baptain James Egan, U. S. Army,

The remote or primary history of the case is well given by Dr. John A. Lidell of New York, in the American Journal of the Medical Sciences for October, 1872, pp. 360-361 case 13, under the head of Thrombus and Embolisms

Basil Norris, U. S. Army, about the 31th of March last, at the Army Despensary. From a careful ex = amination of the case at that time, though the Symptoms were not well marked, I gave it as my opinion that it was one of aneurism. In this diagnosis Surgeon Norris concurred, based upon an examinar tion he had previously made.

The disease was isolated by the pain, the cough, the dyspnoea, the dysphagia and the sounds.

The pain was constant and the most distressing symptom; and was referred to the lower part of the sternum, a little to the right of the median line and radiated sometimes to the shoulders, sometimes to and down the arms, when he would have to drop them suddenly; smetimes to the spine. The pain never left him.

the cough was paroxysmal and spasmodic, and seemed to alternate with the pain. When the pain was less severe he had more cough, and vice versas. To allay the cough he had to resort to whifs of chloroforme. He died during a paroxysm of coughing.

was not able to lie down even for a short period: the only position in which he could get passible comfort was with his body bent forward and his head bowed. He could not bend backward or recline to the left without great discomfort. He could hend slightly to the right and lay his head on any support.

The dysphagia was also a prominist symptom. He could only take fluids in small or teaspromful doses, and generally warm or hot, solids in very small particles. He said he felt everything he swallowed stop before it entered the stomach, and caused increase of pain.

bruit, but like a semi-moist shouchus, and was heard over the middle dorsal vertebrae most dis-

tenetty.

As noted above, he died during a fit of coughing, and suddenly. He had said to his suife about fifteen mimiles he fore, that his pain was lasier, but he would rather have the pain than the cough, it so annoyed him.

death, in the absence of 10. Norris, and had in consultation with me lor, Johnson Elect, of this

city.

He had been in the city one month and five days, and was at the time of his death, 45 years,

10 months and 13 days old.

The extensive pigmentation of the tissues, notably the lungs, liver and Kidneys, observed post morten, may have had some connection as a possible cause with the thrombus, as noted by Lor Lidell.

Autopsy, by Lor, D. S. Lamb, six hours after

death! There was a scar upon the right arm from shot wound, followed by resection.

The head and spinal cavity were not examined.

Lungs firmly adherent over nearly their entire

Surface; substance anaemic. Branchial glands

filled with black pigment. Pericardium contained

two lablespoinfuls of serum: there were some

thread-like adhesions opposite the aneurism. The

heart was small, empty, normal in structure. The

arch and thoracic acosta presented an advanced stage

of atheroma. The transverse portion of the arch

was dilated into an aneurism, having an uneven

surface, several rents of the inner coat and three pouches, each about an inch in diameter; one of these extended downwards and towards the root of the right lung; the second extended backwards against the oesophagus on a leveljust above that of the bifurcation of the trachea, and communicated with the resophagus by an opening a half inch in long diameter; the third extended upwards, modering the insuminate artery. These pouches contained much laminated coaquilien. There was much inflammatory indurated tissue and fat around the anewism.

Both the anterior and posterior surfaces of the oesophagus, adjoining and opposite the rupture above described, presented sloughing ulceration of the mucous membrane nearly three-quarters of an ench in diameter, the anterior having apparently ruptured from the artie side, the posterior reaching to the muscular coat. The trachea contained bloody mucus.

Stomach and duvdenum filled with dark-blood dots. Remainder of intestines not opined. Liver adherent, by old adhesions, to diaphragm, and anaemic, ball-bladder contained dark green bile, Spleen Domenhar lobulated; normal, Pancreas normal. Kidneys anaemic; the right me contained anteriorly a cept the size of a pea, with firm wall and creamy

Contributed by acting assistant Surgeon S. J. Raddiffe Washington D.C.

No. Stermum, Right Lung and Livir of a child four years old.
1622 The liver is enlarged and contains two large abscess cavities, me in the quadrate and me in the left lobe, with pyogenic walls and inspissaled pus contents; the livertissue otherwise appears normal. Between the upper surface of the quadrate love and the diaphragm is a third cavity three inches in transverse diameter, which communicates with the me in this loke; its margins

closed by adhesius. During life this cavity was aspirated. The glands in the portal fissure enlarged and cheesy. Lung adherent to cavity. Bronchial glands enlarged and cheesy.

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History by Lor. M. W. Johnston:

George Daylor; negro; male; age 4 years; living at No. 2019 11th street, n. W. city. This boy was brought to Children's Hospital on the afternoon of Manday, April 17, 1882, and presented the following history of previous condition:

Nover was very strong; legan with present sickness in December last; was taken sich with "miseries in his Armach and hot fevers, no chills. Had at one time an emption all over face, some on nate. with, at the same time, enlarged glands about neck and in both inquinal regime. Parents' history specifie. Fresent condition (as ob-Fained from negro woman and by examination, Is pale, and has lost much flesh; has fever every evening and night; vomits sometimes. Never vomited hefore mother noticed a "rising" in right hyprochondriac regen. Eats heartily; food Vomiled undigested, not property digested. Bowels open every day, the stools looking like "yolk of egg." Passes inne often and in small quantities. Seems dell and drowsy; sleeps much; plays but little; dues not like to be disturbed. Has the remains of old ulcer upon cornea of right eye. Jonque pale and slightly coaled; mucous membrane of pharynx, of mouth and conjunctival very pale. Deeth serrated. Pulse 140; no fever. In the right hypochondriac region is a large, distinctly fluctuating turner about the size of an orange situated to the right of median line and below the border of the rits. Liver, percussion flatness, much extended in area, especially downward and toward the median line. The boy was put to hed and given good nutritions food! April 18th, inserted the needle of a hypodermic syringe into the fluctuating tumor and othained a

spromful of pus, and on the 19th of April introduced an aspirating needle and drew off from the abscess eleven owners and a half (112) owners of yellowish pus. At 7.30 o'clock on evening of 19th the boy was doing well, resting quietly, and complaining of no pain. The temperature was not above normal until the 20th, when it went up to 99.4° in the morning, and to 100° in the evening. No complaints of pain, and the boy wants to get up.

April 21, A. M. Temperature 99.8° P.M. 101.5° " 22. " do 98.2" " 99.7° , 23 " do 98.° " 99.° " 24 " du 94.4° " 98.6°

On evening of 24th the boy was given some castor oil, which caused him to have two large stools, The temperature did not go above normal until the evening of the 29th, when it was 101, and was subnormal on morning of the 30th.

By the yet of May the abscess had nearly reached its former prominence; the temperature remaining normal or slightly subnormal until May 4th, when the evening temperature was 99.8°. The boy seemed to be doing very well. It was found necessary to again resort to laxatives. Appetite has been good, and boy has not romited since he was admitted to hospital, The stools have been soft but not fluid, and have not been tinged yellow, as stated by parents.

May 5, tinserted a trochar into abscess and drew off six owners of pus which had a deeper tinge of yellow: a drawings tube was then left in the opening made by the truchar. The abscess discharged freely through the lube. The boy seemed to be doing well, though again constipated He remained in about this condition until this morreing. Up to this time (may 16, A.M.) he has been cheerful; wanted to get out of hed and play on flow; complained of no pain; some tenderness upon pressure; has not vomited since admittance, and still requires, laxatives, His temperature was 99.2° on morning of 12th may, and 102° in the evening; on the evening of

May 16th, Was called early this A.M. to see the boy.

The nurse stated that seeing blood about the bujs much she had him open it, when a clot of blood escaped, and some more blood followed, When I saw him there was issuing from the mouth a small quantity of bright red blood. The boy's surface was cold and pulse was small, the temperature in axilla being 95.1. The hemorrhage was checked and did not recur. He wanted to eat his breakfasts In the evening the temperature was normal, and by did not complain of any pain. Ate bread and milk, and asked for more cracked ice. It 9.30 P. M. was sleeping quietly and apparently doing well, Wied during the night. No evidence of further hemorrhage.

Autopsy twelve hours after death: Rigor mortes

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not marked; body emaciated; abdomen prominent, features of face somewhat drawn; vaccine crust on left arm. Opening leading to abscess quete patent, and pressure upon lower part of right side of thorax cause pus intermixed with our to excide in small quantities from the abscess. Abdominal walls then and devoid of fat; muscular structures pale and atrophied.

Abdomen. Fransverse colon adherent to serous lining of abdominal wall (by old achesions) below edge of the liver. Duodenum adherent to under surface of liver. In breaking down these achesions a large ravity in left lobe of liver was opened, which discharged a large quantity of yellowish pus. This cavity was found to be irregular in outline and to be lined by a pyogenic membrane three or four fines in thickness. The opening made by trochar was found upon dissection to lead to an abscess-cavity about two inches in diameter, situated between abdominal muscles, xiphoid appendage and the liver; this also was lined by a membrane similar to the me described. The liver was enlarged. The Kidneys were somewhat larger than normal, slightly congested, and had an arborescent appearance of the vessels on their exterior. The suprarenal capsules and spleen were

normal. The large intestines normal except us to adhesions abovementioned. The small intestines were contracted and empty. The vermisorm appendix was normal. Mesenteric glands much enlarged and hard. The head was not

The lakesh Heart-walls slightly thickened; about two ninces of clear serum in the pericardium. The pleural walls were covered with ecchymotic spots. The left pleura was adherent in front; the right also adherent, and Contained eight ninces of clear serum. Franchial lymphatics enlarged and caseous.

Lungs. Right compressed and slightly carnified; left, normal except some hypostatic congestion. The right brenchus was imhedded in caslous glandular tissue, and was covered on its interior by a bloody, frothy mucous.

Contributed by Lor N. N. Johnston, Washington, X. D.

No. Meration of larynx and phargnx, probably syphilitic, The 1623. specimen consists of the hyord bone, largery, pharing and portions of trachea and oesophagus. The epiglottis, ary-10/3 epiglotic folds, vocal cords and intervening lissues are ordernatous. The posterior wall of the largest presents a deep ulcer extending up from the level of the cords and continuous with a large and deep ulcer of the pharigned which has penetrated to and caused necrosis of the arytenoid and cricoid cartilages. There are other, smaller ulcers, in the pharynx and aesofohagus, which involve only the mucous membrane,

John Devine, mulatto, age 48, was admitted to Freedman's Hospital, Washington, D.C., April 18, 1882, suffering with great dyspnoea, and died the next day. Autopsy, by Dr. D. S. Lamb, 20 hours after death: Rigor mortis well marked. Height 5 feet of inches, Weight about 160 pounds, General nutrition good, Conjunctivae yellowish; neck swollen en both sides;

small dark spots on chest, arms and back, small scar in the right grow; accomposition advanced; tissues very Head and spinal cavity not examined.

The epiglottis and ary epiglottic folds were thickened and oedematous. There was an ulcer in the pharing an each and a half in length and three quarters of and inch in breadth, penetrating to the criticid and aryterwid cartilages, which were necrosed; several of the necrosed partions were retained in situe by narrow pedicles. The swelling of the nect was due to serous infiltration; the cervical glands were not enlarged.

Right lung consisted of two lobes, and presented

a white line marking out the third. Both lungs contained much bloody seriem and were ordematous. There were slight adhesens of the left lung. anteriorly. There were two patches of old pericarditis on the anterior surface of the heart, a large me on the right ventricle, and a smaller one on the left. Heart contained black clots in all the cavities, and a mixed clot also in the left ventricle. After removal of clots it weighed 22 ounces, Valves normal, Post morten staining marked. Auta was deeply stained, and presented alheromatous patches throughvessel was theirner than normal,

The liver was decomposing; no abnormity detected, Sall-bladder contained bile. Spleen small, soft and pulpy from decomposition; capsules thickened from old inflammation. Stomach and intestines appeared normal; not opened. Left Kidney normal; right not examined. Bladder empty.

Specimen contributed by 19 D. S. Land.

Washington, D.C.

No. Heart, weighing 35 ounces, presenting hypertrophy and 1624. dilatation; and a portion of the ascending aska, with transverse rupture of inner coat.

David Warren, colored, age 36, was admitted to Freedman's Hospital March 28, 1882, with disease of the heart and dropsy. No history of any value could be obtained from him or his friends he cause of intellectual dulness. He died June 2, 1882.

He died June 2, 1882. Antopsy, by Lov. Lamb, 16 hours after death: Dropsy general and extensive

The head and spinal cavity were not examined.

The lungs were congested and much prigmented; felt firm, but were not hepalized. [Brown induration?] The heart was hypertrophied, both sides, its cavities dilated and valves incompetent; it weighed 35 ainces; there were not dark dots in the auricles, white and black chots in the ventricles, and a white clot extended into the aorta; the mitral valve was thickened; there was a thick whitish patch, half an inch in long diameter, below one of the aortic segments.

The dorta presented dark-red dortic staining; the uner circumference, two inches from the heart, was three and a quarter inches; just above the coronary openings was a transverse rent of the inner coat, and in some places of middle coat, extending almost completely around the vessel; above the felt coronary opening the torn edges are separated to the extent of three quarters of an ench, dimenishing in width in the rest of the track; above the same opening the tornedges were also more rounded, and sharper on the rest of the track. Above the right opening the remaining coats of the vessel had formed a pouch, and the love edges had been everted by a small amount of dissection herealth them; the pouching and dissecting were less marked in the rest of the track. No disease of the anta was detected. Four inches above the posterior segment of the dortic valve was a second nent, one inch in length, with sharp but not reparated edges and of more recent date than the first. The artic value presented thickening of the free edges and a small opening

in me of the segments. The pericardian and pleurae were dis-

The liver was of normal size, presented the nutmeg appearance; the surface of the left lobe was somewhat roughened. The gall-bladder contained a little watery bile. Spleen small; weight about three ounces, somewhat fissured, quite firm and dark colored. The stomach and intestines were not opened, but appeared normal. Each Kidney weighed eight owners and a half, and was congested; the capsule easily removed, Bladder empty.

Contributed by 19r. D. S. Lamb. Washington, D.Co.

No. The longue, fauces, pharynx, etc. There is a firm new 16 25 growth, probably concessors and secondary, apparently coss. of the deep glands of the right side of the neck, Six of the deep glands of the right side of the neck, Six in breadth, and two (2) in thickness. It extends by a thick is thomas to include the entire right side of the fauces and pharynx, which are much enlarged by it and firm. The right submaxillary and sublingual and a part of the parolid glands are also enlarged, and involved in a similar growth. The much membrane of the langua and pharynx are thickly coated with pseudo-membrane. The thyroid body, especially the isthmus, is enlarged.

William brawford, colored, age 30, was admitted to Freedman's Hospital, Washington, N.C., June 17. 1882, with cancer of the neck, and died on the 22d. Autopsy, 30 hours after death;

The brain appeared normal, The spirial cavity was

The meck presented a prominence on the right side, henceth the superficial muscles, which was the turner above described. It extended as high as the vasiler process, and helow into the subclavian triangle. The bone was nowhere involved.

There were firm plewritic adhesims on the right so'de. The upper love of the right lung was somewhat congested and infiltrated with serum. The right bronchi contained pseudo-membrane. The left lung presented pleuritic adhesions posteriorly; about one half of the central part of the upper lobe was in the stage of red hepatization; in the centre of this hepatized part were pale, rather from patches. Left branchi not noted. Heart normal; large white clots in right cavities and left ventricle. The auta presented a few elevated patches of atheroma just above the valves.

Stomach and intestines appeared to be normal. Liver dark (post morten changes.) Gall-bladder contained bile, Spleen small and somewhat shrivelled. The pancreas was converted into two large cancerous medullary masses. The neighboring lymphatic glands were en-larged and cancerous. Kidneys dark (port morton Harring) Contributet by Lor. D. S. Lamb. Washington, D.Co.

Hypertrophied spleen, weighing when removed, 18 ounces. [After ten muchs immersion in dilute No 1626 alcohol, about fo per cent, the weight was 16 ninces. From the case of Charles & Suitean, executed June 30. 1882, During his confinement in the United States Jack, District of Columbia, he suffered with malarial fever. For a full account of the port modern examination, see the " Medical news," Philadelphia, July 8, 1882, p. 42 Contributed by La. N. S. Lamb, Washington, N. C.

8611 - 8612

No. 1627, Portion of transverse colon, and 1628, of descending 4077 colon; from a case of chronic diarrhoea. The mucous coat is No. almost entirely removed by ulceration, leaving only scattered islets. 1628 The submicosa is thickened and firm, and presents many shallow scooped-out ulcers, some of which have penetrated to the

muscular coat. History by 10 Johnston:

Mers had had diarrhoen from time to time for months. The died July 11, 1882. Three weeks before death acute diarrhoea, with severe pain in abdomen and hemorrhage from the bowels, supervened. The hemorrhage continued for two weeks, and she lost flesh and strength. There was no vomiting.

Autopsy by lor & M. Acker:

There was much emaciation; arborescent congestion of the small intestines; congestion of the mesentery; the large intestine empty and in the condition seen in the specimen! specimen.

As received at the Museum, the specimen consisted of the large intestine as far down as the rectum. The lesions were less mu.
ing colon than laver down.

Contributed by Lor. W. W. Johnston
Washington, D.Co. lesions were less marked in the caecum and ascend-

Lower part of ileum at ileo-coecal valve, with enlarged No. 1629 c.4.5.3/±.111. solitary follicles, [1629] No. 1630, Portion of large intestine studded with minute where. The red staining in the specimen is from the 1630 C.4.3.3. I.11 intense hyperaemia of the recent state. From a patient (Im B. bortit) white, age, who died July 14, 1882, of colo-enterilis. Autopsy, by 19. Lamb:

The heart was small; the anta, just above the valves measured 23 inches internal circumference; lungs normal. The liver was two-thirds its usual size in a subject of the same stature (6 feet) and the spleen one-half

its usual eige, and dry; the pancreas appeared indurated; both the lobe's were district. The small intestine presented enlargement of solitary follicles throughout its entire tract, most marked in the lower portion, The mesenteric glands were large and soft. The large intestine was intensely hyperaemic and dotted with minute ulcers.

Contributed by Lo. E. Hagner,

Yn Micros Genes 4579-8543. Inflamed splem and source cycling 4546-854 porces. 8895 - senere intesteni, inframi ow.

Tivin female seven-months foetuses, with cords and placentae 1631, unsevered,

History by Dr. Murphy:

Nancy Grove, colored, age 38 years; nativity Virginia; residence Destrict of Columbia; admitted July 3, 1882. Was always healthy until about three months ago. Do, she thinks, in the sixth month of pregnancy. Complains of pain in the side, back and lower part of abdomen. Uterus comes down. Fells weak and feverish; tongue coated; digestion poor; bowels constipated. D'emperature 100.8, pulse 120, general condition very

Examination. Abdomen very tender, especially over reterus, which is enlarged, with fundus reaching as high as umbilious. The corvix protruded to the ostium vaginae. Its posterior portion is hard and indurated. berry enlarged, is dilated admitting end of index finger. A circumsoribed mass is found in the internal os, apparently connected with posterior portion at lower zone. No hemorshage, but a grusnous and offensive discharge flows from interior,

Treatment. - Palliative: Bowels opened, carbolized vaginal baths to correct the discharge. It, to reduce temperature; symptomatie treatment; nourishing diet.

Range of pulse and temperature. July 4, A. M. Pulse 120, temperature 100, 8°; at night, pulse 140, temperature 102, 6°. July 5. A. M. pulse 140, temperature 101.4°; non, pulse 160, temperature 103+; night, pulse 164, temperature 105.6°; at 10 P.M. pulse 164, Comperature 103,3°, July 6, A.M. pulse 164, temperature 101,2,

nom, pulse 150, temperature 102.4. At 4.15 P.M. July 6, the surgen in charge proceeded to dilate the os uteri, and after the grealest exertion removed a large sloughing mass from its attachment (from internal or almost to fundus uteri.) At this juncture there was a large flow of fluid, and upon examination, a foctus was found presenting, which was removed, and on extending the search another feetus was found, which was also removed. Anaesthetics were used and the first child removed by forceps. Doch were dead. She stood the anaesthelic very badly, the Continued to grav weaker and weaker, and at 7.07 P.M. died. The foets were both female!

Holti and placental 5 Us. 1/2 gs. Growth Total 6265 4½ mgs.

Contributed by Lor P. D. Marphy,

* microscopiquely showed connections washington, Delo Markington, Delo Mar

No. 1632 and 1633, - two consecutive portions of the lower end of 1632 the eleven including a part of the coecum, Some of the No solitary glands of the small intestine are simply en-1633 larged; others are ulcerated, as are also the Peyer's No patches. The peritoneal surface is everywhere covered No of small excess. The coecum presents a number 90,85 of small eclass.

1635 1634, the spleen from the same case, with a number c.s.s.1. B. 21. of abscesses, mostly periferal. The capsule presents patches of thickening and inflammation. 1635 - farge white Kidney (right) everghing 9'2 ounces, from the same case. You mian. Senie 87 6.9, chunic intermine maphies. Asharlotte Washington; age 20; single; dark mulatto;

was admitted to Freedman's Hospital, Washington, D.C., July 8, 1882, and died August 22. The had had diarrhood for several weeks, but no fever nor pain

worthy of remark) When admitted her feet and legs were swollen, but the swelling afterwards disappeared Abdo= men retracted.

Autopsy seventeen hours after death. The body of a woman, of short stature, slightly built; no rigor mortes; cicatrices (of pregnancy?) on thighs, not an abdomen, there genital organs.
The head and opinal cavity were not examined.

the heart was normal. There were thick old and firm cohesions of right lung, especially of the lower lobe; the upper lobe was ordernatous; the lower lobe indurated, and contained small deposits of tubercle and some cavities. The left lung presented old and firm adhesems of its entire surface; it was ordernatous, contained but little blood, and there was a calcareous cheesy mass the size of a pea in the left lateral surface. The bronchial glands enlarged, pigmented and contained tubercles. There was an enlarged gland in the anterior mediastinum.

The abdomon contained a very little fluid. The peritonaeum, both parietal and visceral, was everywhere covered with whitish and grayish tubercles from the size of pin points to pinheads; the membrane presented also punctate and stellate injection. The omentum was adherent to the abdos menal walls in the inquirial region, The stornach appeared normal, The lower two thirds of the small intestine were congested and ulcerated; the ulcers increased in number from above downwards, and were cup shaped with raised edges; many of the volitary follicles were enlarged. There were many small, shallow, scooped-and where in the coecum and ascending colon; the remainder of the large intestine appeared normal, The intestines contained a small quantity of fluid faces. The mesenteric glands were enlarged, soft and their centres broken down into a whitish liquid. There were no ad= herins of the inlestines. The lever was large; its upper surface everywhere adherent to the diaphragm by thick and firm adhesions; its structure normals The gallbladder contained greenish bile. The opleen weighed

Dix runces; there were old and firm adhesions to the diaphragnes, A contained several abscesses with soft whitish contents. Pancreas firm. Dupra renal capsules normal. Kidneys large and white; the right weighed 92, the left 11/2 ounces. Bladder normal, Ulterus normal; Fallopian lubes contacted, varies about the natural size, but contained, the right me a rather firm, dark red blood clist the size of a martle, the left a small, narrow brainish cavity. Contributed by Lor, LO, S, Lamb, Washington, W.D.

Le micus. Heris, 8405-7. curtisis y kurny. 1636, Portion of amyloid liver which weighed 120 ounces, In min. Lewis 5701-4. 1637, - Amyloid spleen weighing 262 ounces.

1637 c.4. 5.7. ±.2. No. 1638-blavicle and stormin, i exostores.

No! 1639 and 1640 legs to - existine. 1639

adherent portion of the omentum.

Annie Mite, age 41, mulatto, born in Virginia, was admitted to Freedman's Hospital, Washington, D. le, July 17, 1880, and died August 25, 1882.

Autopay ten (10) hours after death; There was great emaciation: Rigor mortis was marked, There was an ecchymosed patch over the left eye [from a fall]; over each Knee an abrasion, with dryness and induration of skin; thick ocabs, a foot in extent, along the tibial crests, and an inch or more in breadth; led-sores en each trochanter major and on sacrum; an umbilical pernia of small

The head and spinal cavity were not opened. The heart presented some fatty degeneration of the anterior segment of the mitral valve; was otherwise normal. The ascending acrta showed a small patch of fatty degeneration of the living membrane. There were old pleunitic adhesims at the base of the right lung and between the. lobes, and orderna and hypostatic congestion of the lower love, and some tubercles. There were firm old adhesions of the surface and between the lobes of the left lung; the lung itself anaemic with tubercles; a tubercular cavity and bronchial inflammation in the upper lobe; lower love free from tubercles. The oesophagus contained a thin blood clot in its lower portion.

There were firm adhesions of the liver to the diaphragm and the hepatic flexure of the colon, the organ weighed 120 ounces and was anaemic; the left lobe was disproportionately enlarged, all the edges were rounded; the wdine test indicated amyloid degeneration. The gall-bladder contained a little green bile. The spleen weighed 262 orinces; was dry and any= loid. The pancreas was firm, normal, The stornach was displaced downwards, and contained a large quantity of blood clots, and possibly some liquid food beside; The small and large intestines likewiser con tained dark clotted blood; these viscera were otherwise normal. The omentum was adherent to the bottom of the hernial sad and to the less side of the wall of the abdomen. The Ridneys were large; the left weigh ing 8 ounces, and in the state of amylorid degeneration. The uterus was normal. The right wary was converted into a cyst the size of a walnut in which were several colloid masses the size of shot; the left ovary was somewhat above the normal size and contained several cysts and colloid deposits.

The Knee-joints contained fluid, and presented erosions of the cartilages and exostoses of the bones. The periosteum along the tibial crests was thickened by chronic inflammation, and the adjacent time presented as number of shallow erosions. There was also many

exostoses of the bones of the legs, and the adjacent muscles were infiltrated and fatty. The microscopical examination, by 19. Incloumell, of the liver and spleen, confirmed their amyloid degeneration, There was cirrhosis of the Kidney in addition to anyford affected the stroma, In micus. Your 8635, count dequevery overy. Contributed by Dr. D. G. Lamb, Washington, Delo,

161

1643 is transf. to Privipado, no 56.

No. Nos, 1642 and 1643, two successive portions of the lower 1642 end of the ileum, No. 1643, including the cleo-coecal No valve. There is slight enlargement of the solitary 1643 glands and a faint thickening of Peyer's palches; some c. 4.5.3.
p. 43 + 14.1. of the latter also present shallow ulcers from two to three lines in diameter, From a case of mountain" tever

Stantow, New Mexico. Frivate, Faguer, troop D, 4th Cavalry, aged 23, was taken on side report at Fort Stanton, New Mexico, Nor! 20, 1881. Diagnosis, "mountain" fever. Patient somewhat emaciated, complaining of constant creeping chills; could not get warn. Inque ochre-colored coating, deep transverse fissures dry; pulse rapid, rather thready. Ordered guinine in average doses. Patient says he has not been well since he was at Fort burnings, New Mexico, about the 10th of November, 1881.

November 23, patient seemed worse; was taken into hospital; gumine increased to gr. V every two hours. Note. - Until the recent epidemic of typhoid fever here at Fort burnings, I have since I came to New Mexico usually orounded the quinine in all cases of "mountain" (typho-malarial) fever, with uniform good results, This case was the first death among the onlisted men or officers; in fact, only the second case of death from fever which occurred during my service at

In Stanton (wor years and four months.) After admission to hospital Fagen seemed to improve gradually. He was never confined to his hed; was brave and cheerful; had a fair appetite; his temperature was never found over 100° F. Jonque hegan to clean up. This gradual amelioration continued until the 13th of December. The case was not considered as anything more than an obstrinate case of quotidian intermittent. On the 13th of December patient asked permission to take a package of medicine to an isolated rase of diphtheria; he walked in all about one mile, complained of feeling exhausted upon his return. At H P. Mo. on the same day pateent began to vomit furiously; complained of no pain; face anxious and somewhat exandic; temperature 1025; pulse rapid and thready. Morphene was given hypodermically, and repeated twice or three times before moning. December 14. Still obstinate emesis; oracted ice and brandy, sinapisms to epigastrium, and morphine hypodermically, of no avail. Quenene had been faithfully geven, gr. V every two hours, since the man came into hospital, three weeks before. On the 13th a careful examenation of the abdomen elicited nothing, no pain anywhere, no tenderness on pressure; no tympanitis, rose-colored opots or gurgling; the heart was evidently failing; mind clear; disposition chearful. Ordered digitalis and brandy to be freely administered this had to be discontinued that evening on account of emesis.

December 15, - Digitalis, brandy and beef-tea were given by enema, ordered to be given every four hours, and milkpunch every two hours, if the rection would relain to much, There was no diantroed, and the enemata were for the most part retained, but this provoked anew the emisis, and so thwarted our design of giving the stomach a season of complete rest. Still complains of no pain. Is covered by four or fine hed blankets; pulse 124; temperature 100 5 in the morning; in the evening, bule 102 temperature 1023.

December 16. - At 2 a.m. patient passed into a state of collapse; legs cold to the Knees; pulse ocarcely perceptible;

romiting and gasping; heat and stimulation, however, revived the man somewhat. At q A.M. considerably better; pulse 128; temperature 100 5. Moderate singultus; emesis some what under control; grew gradually weaker, and died at 9.15 P. In just after "taps."

Autopsy twelve hours after death: Body emoicialed; rigor mortis not ascertainable owing to the extremely cold place in which examination was made some sedulation of blood

Head not examined.

Throax, - Heart and great vessels normal, to gross appearances, except that the heart walls were rather flathy and pale.

Lungs. - Right, throughout upper and middle lobes there were a few ocattered lobular preumias, about as large as a filbert, and moderate brown chitis (acute.) In the lower love, posteriorly, some hypostatic precumonia. Left, much the same as right, except that pneummias (hypostatic and libular) were more extended.

On opening the abdorner an extensive and general peritoritis (acute) was manifested. Bands of lymph, parety organized, lay over the coils of intestine in various directions. Much free seriem and pus in the peritoneal cavity. In fact, so general was this serous inflammation that no part of the membrane escaped. There was perihepatitis, perisplenities and perigastrites. All the intestinal vessels were engarged, the small intestine particularly, and the stomach and colon also were a brilliant red from congestion of the small vessels. The stomach presented the appearance of acute gastretis; several ulcers, two or three near the pylorus, larger than a split pow; there extended through the mucous coat, I found also duvdenitis and ulcers in the anodenien. These were smaller but more thickly placed than in the

stomach. As we approached the caecum the evidences of inflammatim, typhoid in character, meet us. The

upper part of the ileum has many prominent solitary. glands. In the lower portein the glands of Peyer and the rolitary glands are very prominent. The former present the shaven heard appearance near the ilev-raeral valve. The agminated glands have ulcevaled. There are serval large and deep ulcers quite near the value, and probably me or more of these ulcers extends chrong ento the peritoneal cavity. (No adequate means of thoroughly examining the intestine were at hand, The extreme coldness of the room has already been referred to.) Lodon. Vessels engaged; numerous small ulcers of solitary glands.

Spleen. An abscess orcupying about me third of its area. Burrounding mass off and pultaceous. Broke it in prices getting it out. Whole ofleen seemed three lines its amount in lines its normal size.

Kidneys. Normal het pale. Bladder. Not examined. It was, however, mit des

Lever. Fally in spots (probably acute degeneration)

See Brediral Times, Oct. 7, 1882, p. 7-9. Conhibuled by Assistant Surgen R. lo. Newlow, For Manton, New mexico.

No. No.

1644- Right Kidney with a cyst in its upper extremity; the cyst is 8 wich in diameter and has a distinct wall, apparently without any opening. There is a cirating-like depression on the surface of the Kidney over the cipts 1645, About a hundred rounded calculi, the largest the size of purheads, which were contained in the cryst, From a colored man (Andrew Frent) who died at at the hospital September 14, 1882, of cardiac lesion. Conhibulid by Lor F. & Shadd, Freedman's Hospital, Washington, W.C.

No. 1646, cancer of stomach, affecting chiefly the lesser curva-1646 ture, Pylorus is normal,

No. 1649, cancerous lumbar glands,

1647 1648, cancerais lest iliac glands, 1649 Supra-renal capsules also cancerous.

Mors. Rosina Morton, age 61, vohite, died September 22,

No. 1882.

1649.

Cos. 2/8:3.

by Dr. Baker. There were petechiae on the anterior and
surfaces of the thighs; suggillation posteriorly; 1882. Autopsy, 12 hours after death, by Lov. W. S. Lamb, assisted marked olderna of lower and emaciation of upper extremities; Do called cicatrices of pregnancy on the abdomen.

The head and ofinal country were not examined. There was a small cicatrice at the apex of the right lung, otherwise the thoracic viscora were

There were many soft white flakes of lymph and a large quantity of straw-colored series in the abdominal cavity. The liver was small and contracted, especially at the edges of the right and lest lobes, and presented a mitmeg appearance; there were several induvated, transtricent, cancorous nodules with indistrinct margins situated mostly at the autorior edge of the organ. The gall-bladder was much distinded with bile. The spleen was firmly adherent to the stomach and omention, was small and soft, and presented one cancerous, induvated nodule. Hancreas normal. The stomach was contracted to six (6) inches in length and three (8) in breadth; that portion to the left of the cardiac orifiel was a pouch of about 1/2 inches en depth, and normal the pylorus and me uch to the left is also normal, the remainder of the viscus was carcinomatous; it was adherent to the pancreas, spleen and omenta, in the latter of which were cancerous nodules; muscular ouat hypertrophied and involved in the disease; mucous membrane presented nodular thickening with depressions; at the lesser curvature was

an excavating ulcer with uneven base, shreddy and dask as from hemorchage. The diseased portion was from and inelastic

the entestines appeared to be normal. The small intestine was empty and contracted, The greater mentum was much contracted, thickened on places, contained much fat and was adherent to the stomach, spleen, liver and abdominal parietro; it contouned nodules of cancer. The lumbar and left dia glands were enlarged and cancerous. The supra-renal capsules evere enlarged and cancerous; the right was 22 by 22 by 2 mohes, the lest 25 by 2 by 1. Kidneys normal, Ovaries atrophied and undergoing colloid degeneration.

Moroscopical examination made by D. P. le. mentum and wary, the micros face. 8047-8050, come on Contributed by Wor, Frank Baker, Washington, D.D.

No. Lest hemisphere of cerebrum, presenting in the parcelo-1650 rempural region a gummatous turner covered by and No, adherent to a thick layer of organized false membrane. 1651 Right lobe of circhosed liver with ciratricial contraction and 101 lobulation of suphilitic origin. You micus Year 8042-4. suphilitic ciribon are about

An unknown thelatto woman, sould to he los years old, was admitted to Greedman's hapital, Washington, Wes. Deptember 23, 1882, in a cornatore condition with stertorous treathing and a pulse of 50; had She did not rally from the stupor, and died the same day.

Antopsy, 18 hours after death, by 19, Lamb: Rigar mostis marked; height 5 feet 2's inches; weight about 100 pounds; General mutrition good; hair gray; cicatrices of pregnancy on abdomen. There was an absence, apparently congenital, of an ollow portion of the pinna of the right ear opposite the carcha, Breasts flabby. There was a small found scar on the right temple over the temporal ridge.

Corresponding with thise scars the scalp was slightly thickened, and presented a rather fresh-looking blood staining in the shape of a ring; the bone hereath showed a small, erregular depression involving only the external table and about large enough to receive a punhead, there was no suppuration and no marked ashesim. There was some asymmetry of the calvarium without recognisable. Corresponding asymmetry of the brains. The dura mater was normal except a brownish pigmentation of the inner surface in the left parieto- temporal region. Beneath the left parceto frontal portion was a flat layer of false membrane, which on being submitted to microscopical examenation, presented bloodvessels and amorphous granules of hemateul; in the same region a evalery fluid containing an abundance of minute fragments covered the brawn, the pia maler was not notably engested; it was generally removed with lase from the brain, but in places the cortex was torn away at the same time

the brain itself was firm. On the left side the cortex of the frontal convolutions was depressed somewhat like a watch-glass over a space about 2 inches in diameter; the greatest depth was 12 lines, the gray malter of this depression was not diminished in thickness. A quadrilateral tumor projected from the tempero-parietal portion of the same side, involving the fissures of Rolando. It was somewhat loked, about an ench oquare, ne-third of an ench in thickness, of irregular, uneven surface, firm, slightly Vascular, and firmly attached to the abovementemed layer of membrane. The brain tissue around the luma, in a radius of about an ench, was doftened and ordematous.

There was den enlarged gland under the sternum as the second left intercostal space. The perior dium contained a little serum. The heart was normal except a slight fatty degeneration of the mitral value, anterior segment; the ascending portion of the auta presented similar fally degeneration of its uner coal.

There were stight authorious gar the apex and base of the right lung; a number of miliary tubercles (!) of the bung at the apex? the upper like was ordernatous, lower whe hypostatically angested deft lung angested; there were similar miliary tutorcles at the apex; the pleura of the left margen, near its base, was raised like a blister, disclosing when incised a cavity the size and shape of an almond Kernel, without wall or contents, at the bottom of which was a blovovessel, has the surrounding tissues appeared to be normal, Bronchial tukes, both sides, normal; bronchial glands enlarged and prigmented. The abdomen was clear of fluid. There were firm The divir weighed 58 ownces, was of very irregular shape, the right loke much lobulated and with strong interadhesims and increase of connective tissue; the left Whe was about five times the size of the right; the organ was extensively and firmly adherent to the diafehragme; to substance dry and cirrhotic; the gall-bladder was full of black bile. The spleen was small; its capsule state-colored; its substance contained a soft, whitish, granular mass larger than a pea and with a

Bladder much distended with wine, Right ovary contained at watery cyst; left wang abrohied, uterus small; small superficial ulcers in vagena. Conhibuted by br. D. S. Lamb, Washington, Deb,

well-marked wall. The domach appeared to be

normal; the small entestine empty, the large entestine

slightly distended with gases; 12 dneys slightly congested.

Extra uterine foctation. Death from hemorrhage. No. 1652 consists of the ulerus and appendages. The externs is 34 inches in length, D'y in breadth and 12 in 1653. thickness; the mucous membrane of the body is thickened and 9103 succulent; the os uteri presents at the right and succulent; the os uteri presents at the right angle a healed laceration. The left Fallopian tube presents a saccular dilatation the size of a small walnut, containing chorion velle. No foetus found. The posterior wall of the sac was very thin and had ruptured into the abdominal cavity, the opening being nearly 4 wich in diameter. The fimbriated extremity is obscured by adhesions. The left wary contains a corpus luteum of pregnancy & unch in diameter,

No. 1653, Spleen, or rather, multiple spleens, four in number, from same case, each about the sige of a walnut and connected by adhesions.

A negro woman, A. Me, age about 30, of small stature, mother of one child, had complained for several months of not feeling well, but not ill enough to Keep her hed. May 21th 1883, she had " a cramp in the bottom of her stomach, followed by a convulsion. She died the next day, 27 hours after the attack.

19. Hartigan, assisted by Mr. D. P. Hickling, Jr., made a post mortem examination. There was general anaemia. The heart was empty; nearly half a traconfigul of blood and clots in the abdominal cavity; the spleen and internal organs of generation as in the specimen.

Contributed by 19. Harligan and Ser, Hickling, Washington, Web.

1654, Ulterus enlarged and mainly converted inte a Sarcomatous lumor. The utero-vaginal canal presents No. many non malignant polypoid growths. From 4 your child 1655, Polypord growths and blood-clots from the same. You mines you 8014-8019 pely trie growth. C. S. S. I. Z. S.

1154 c.s.s.s. A.L. 1155 C5.5.5. A.7. 9106

1656, Hight Kidney with metastatic foci. October 4, 1882, Dr. Smith reported to the Medical Society of the Wistrict of Columbia the case of removal of polypord growths from the genital canal of a gerl four years old. One year previously hor, & Ford Thompson had bremoved a large pedunculated turner from the same situation. On examining the abdomen, 29, 8 mith found what appeared to be a scirrhous tumor of the reterus. Introducing his little finger into the upper part of the vagina he drew away quite a nest of small cysts. Finally, passed his index finger and found the elerus about the size of that of a worman three or four months pregnant, largely hypertrophied, and forming one cavity with the vagina, the whole mass removed weighed half a pound or more. The child recovered nicely from the anaesthetic and is doing well.

The specimens were referred to the Committee an

Nevember 1, 1882, The specimen submitted by how. I. b. Smith, which was removed from the igenital canal of a guil four (4) years old, presents to the naked eye the following appearances: A multitude of soft, pale-yellowish masses varying from the size of a pear to that of a walnut, some opherical in shape, others pear shaped and others otill, irregular. On section, most of them were white, and a few had small cysts with granular contents; in some, however, the white granully merged into a red color.

On microscopical examination these growths were seen to be covered with stratified epithelium; the principal postion of the growth shows a multitude of small rounded cells (lonco-cytes), the more internal structure presented similar cells, but scattered or collected in small groups. The intercellular substance was a soft connective tissue resembling that of mucus polypi in general, No glands were present.

Aigned

6. Me Schaeffer

10. S. Lamb

Nov. 1. 1882, Peparted that the child had done well for some days, having, however, a bloody discharge, which afterwards he came purulent. The weather being favorable,

she walked out in the street, Oederna of the lower extremities having set in the wine was examined and some albumen found. General anaemia prevailed, and constitutional treatment was adopted. The dysprovea became very great, and finally the child died. On opening the abdominal cavity about half a pint of fluid was found. On incising the peritonaeum a large growth appeared. All the peloic organs seemed to be massed tigether. There were large glands behind the uterus. One kidney was congested, and the omentum thickeined.

He exhibited the following specimens, which he afterwards contributed to the Army Medical Museum: A portion of the greater omention, the free margin of which was contracted and thickened, and an section was ferm and white as if a new growth. Spleen normal. Both Ridneys presented some dilalation of the pelves. The right Kidney also presented numerous prinhead size melastatic, prombent foce, some isolated, others in groups, with a brownish colored intermediate tissue between the individual purulent points of the group; these points were, many of them, softened to a liquid. All of them projected slightly from the subcapular surface; five of the groups involved nearly the entire thickness of the cortex. The base of the bladder was occupied by a flattened, nodulated, firm new growth.

the utimes measured four inches and a half in breadth of the fundus. The anterior wall of the body was three-quarters of an eight in thickness, the potential wall one inch and three quarters. The ravity measured four enches in length and one eight in circumference. The walls were ferm, somewhat elastic, and apparently homogeneous in structure; no cysts. The surface of the cavity presented irregular nodulations and a few small polypoid growths; the ravity dself contained a little glainy mices.

The ovarces presented each a few small aqueous

cepto,

The vagina measured about four inches in length, and was much dilated. The walls were much thickened by a tissue resembling that of uterine walls, The mucous surface presented flattened nodular elevations of various breadths and polypoid growths of various sizes.

Appended to the uterus and vageria were many Dulperitoneal growths of a roundish shape, some pedicutated, others sessile; the size varied from that of a pea to as much as three enches in diameter; their structure was similar to that of the uterial and vaginal walls. Some of them presented patches of internal hemorrhage. Weight of uterus and appendages, allying turners and bladder, (the latter much shrunden) 31 ounces.

The committee on microscopy reported the following on

there specimens: Uterus. The walls ohowed no normal tissue, but a mass of new = grawth cells, in places approximating closely the round-cell sarcoma as seen in other organs. Vascular; no glands.

Polypor'd growth are mucus polypi with rounded and fusiform connective tissue cells and fine fibriller motion. Vessels numerous, No glands, Outer portion presented flattened cells.

Kidney not yet examined. Omenteen would not harden sufficiently to harden. Contributed by 19. Thomas le. Smith, Washington, Des.

No. Liver, carcinoma melanodes, Le micro Lew 8504-8. 1657 Dond furnished the following history: Frank West, white, printer, age 59, about 5 feet 6 inches in height and about 125 pounds in weight. He had good health, except occasional cough, until eighteen months before death. Was called in December, 1882. He complained of neuralgia over the eye. January 30, 1883, he had pleurisy of the left side; dysprova;

Severe pain left side under nipple; cough. About the middle of Tebruary dropsy set in; bowels became costive; examination of the abdomen revealed enlargement of liver. He had only slight jaundice. Died March 14, 1883. Dr. J. H. Baxter, Chief modical Purveyer, was the consulting physician, and was present at the autopsy. The liver only was examined and removed.

As received at the Museum the liver weighed 141 ounces; volume 123 ounces; measured 112 by 92 by 42 inches. Capsules presented a few small opaque patches, and some old adhesions on the buck part of the lower surface of the right lobe. Is all-bladder contracted and strunken. The liver was firetty thoroughly occupied by growths of carcinoma melanodes, varying in Rige from a mere pinspoint to several inches in diameter, the largest being composed of several growths where edges had touched, and the centres of the larger ones were softened; a few of the growths were unfrigmented and nearly white; the intervening tissue was yellowish The growths which occupied the periphery of the liver for the most part projected above the surface as black, rounded projections. The liver itself was ferm. Contributed by 19, S. S. Bond. Washington, 10,6.

Deformed infant, corresponding closely with Saint Hilaire's 1658. genus Phocomèle, of the family of Ectroméliens. The thoracic and abdominal members are foreshortened, but the digits are present and of normal number, There was in the porotum also a large congenital There was in in right inquiral herria. I Taber Johnson Contributed by Dr. J. Jaber Johnson Washington. D.S.

No. Skull of hydrocephalic infant. The anterior masal 1659, sprines are projected upwards, separating the nostrils to an unusual degree. The right nasal bone is 1009 absent the left rudimentary. Contributed by 19% Co. B. Winslow Washington. D.C.

No No. 1660, year good of penis, including the glans; the wrether split 1660 open. On the under surface of the glans is a well marked No. cicatricial loss of substance.

No. cicatricial loss of substance.

1661 An. 1661. Heart, showing hypertriphy and ditalation. The No. 1662 and mitral valves are pretty well covered with vegetations, 1662 and the mitral shows also a shallow ulcor. Anta athero:

1662 and the mitral shows also a shallow ulcor. Anta athero:

1662 matous

No. 1662, Spleen, with gummatous turners and contractions.

Alfred Beams, age 36, mulatte, native of Virginia, was admitted July 21, 1882, to Freedman's hospital and died October 8. 15, F. J. Shadd gave the following history: The patient had no regular occupation, but was engaged at different Kinds of work. He had had pulpitation of the heart for twenty years. In the previous March he was slightly paralysed on the left side. When admitted there was a troublesome cough and a little expectorations During the few weeks before death the expectoration became streated with blood and the cough more severe. There was pain in the cardiac region and marked dyspinoea. His mid seemed affected. Auscultation revealed a land bruit over the thorax, most marked in the right side.

Autopsy 17 hours after death: Height & feet & inches; weight about 140 pounds; hair sprintcled with gray; mails clubbed; no orderna of extremeties; bedsores on trochanter and over sacrum; a cicaticial loss of substance and deformity of under side of glans penis, without obstruction to flow of wrine; phyriosis and much megma.

The head and opinal canal were not opened, The right lung was markedly solidified and broke up in removal. There were firm adhesims of the lower love and between the lotes. Microscopical examination by 10, J. le. McConnell, revealed the presence of guminatous gravets in the lung in addition to the hepatization. In the left lung the upper love was ordematous, the lower love solidified. The pericardium contained a little serien. The heart weighed 18 nuces, and presented a number of opaque patches of old pericarditis. There was a mixed clot in the right ventricle and a black clot in the left; the cavities were delated, the left vontricle much so, would apparently hold 5 ainces. The wall of the right ventricle was 3 lines on thickness; of the left & ench, Valves of right side normal. Anterior segment of mitral valve presented on the anterior surface small polypoid vegetations and an ulcer as large as the thurst nail; the ulcer nearly perforated and showed islets of membrane in its flow. On the convey surface and free margins of the aortic valves were polypoid growths from the size of a pinhead to a pea, The acrta was atherematous; the inner coat was much thickened and nodulated; the inner cercumference, 12 mch above valves, was 44 enches, There was bloody mucus in the trachea.

The stomach and intestines appeared normal. Only the lowest foot of the ileum was opened; it was normal. The liver was enlarged, and presented the nutment appearance; the hepatic veins enlarged. The gall-bladder was distended with greenish bile. The option weighted to ownces; the capsule was thickened, and presented firm old adhesions: there were several gummatous [10, Mc bonnell] turners of the convey eurface, corresponding with transverse surface, depressions; me was quite small, another the size of a small martle, a third, broad and flat, at the upper extremity. Parioreas normal. Omentum normal. Kidneys normal. Bladder distended with wine.

Contributed by D. D. S. Lamb, Washington, D.C. No. 1663, - Portion of small intestine, with sessile cancerous tumors

1663 of peritoneum. Lu micus. Levis 8663-7. No. 1664 - Small spleen with thickened capsule, the debris

1664 of a blood-clot in the converity and a cavity from suc. 2. 1. 1. broken-down clots at the lower extremity. To minus Serie 8679-82.

1665 1665 - Uterus with myomatous tumors and post-cervical

malignant (?) growths. The miones. Levie 8720.

April 21, 1882, Mrs. Ella Parker, dark mulatto, age 58, mother of one child now 22 years of age, states that she has had a localized firm swelling in the abdomen for 18 years; has not had her menses for 10 years; in the winter of 1880-81 had rheumatism, and in February, 1882, noticed for the first time a "bleating" of the abdomen. To-day she has distressing dysproved, require ing her to be propped up in bed; ascitie collection is large, but no vederna elsewhere; urine scanty; appetite poor. April 22, lebdomen tapped and two gallons and three quarters of bloody, albuminous liquid removed. Breathing became easier. A ferm, movable tumor was now recognized in the right iliac fossa! April 23, she complained of pain in the diaphrage matie region, Constipation, 25th, Quite weak; unable to sit up. Her mouth was dry; she had no appetite; had vomited, and complained of sour stomach. Urine ocanty, 1010, acid, and contained some mucus and a little albumen; microscopically, nothing worthy of note. Dyth she was able to sit up a little. There was pain in breathing, felt around the waist on the left side. Acidity relieved. Has some appetite. Urine passed more freely. The had been taking wine and heef-tea; lime-water for acidity and morphia for pain.

May 3? Pulse 102; patrint weak; pain continued. Unine 100%, slightly acid, albumen in very small quantity. 6th. Stronger; appetite and digestion better; constipation. geh Gainenig strength; restring better; digestion much improved. Has pain en hypogastrium. 13th Abdomen large again; pain in right cliac region, of a tearing, shorting character; appetite fair, 14th Appetite again poor and digestion bad; dysprovea; pari en right-

inguinal and hypogastric region; wine ocanty. 21st Sand Fapping; removed are gallow of bloody lighted. The tumor seemed larger and adhesim had formed, 22d Had sleph pretty well and taken food; felt one around lower part of abdomen'; tonque dry; skin moist; urine normal 25th. Soreness over entire abdomen; burning pain in lest sine from inquinal to axillary region; breather quickly; is weato. Left leg up to thigh cool and numb. appetite poor, slight dianhoed; usine scanty and high colored. 28th, Atin warm again; wrine natural but scanty; digestem still bad. During the month the preceding treatment was continued. Commas were given for Constipation. Lacto-peptin in 10-grain doses was begun on the 28th Mustard, followed by hellatonna, applied to abdomen.

June 39: Pain continued in lower part of abdomen; some dyspinoea; feet and legs are swelling; is weak; has bloody discharges from vagina; heartburn; urine scanty and darke you! Numbress of thighs: 8": Urene 1015, nothing else noteworthy. 12th; Pains are now burning; vaginal discharge increased. 13th; Third tapping; removed 4 gallons of bloody liquid, which, being examined by 19, J. le. McConnell under the microscope, showed much blood, a few leucocytes and large epithelial cells, some with vacuole. During the night she became "flighty" and very weak 1 yet: Able to walk a few steps; has burning pain in the hypogastric and inquirial regions; wine moreased; some appetite. 23: Pain and numbress in thigh; pain in groins; vaginal discharge continues, but diminished in quantity. Walks a little. There is slight fever, some appetite; urine scanty but looks natural, 28th: Pain in abdomen increased; slight fever; urene scanly. In addition to previous treatment, hot water vagerial injections were

July 18': The pain was less; fluid reaccumulating; toedematous; dyspinora. 6th. Appetite poor; feet oedernatous; dysprovea. 10th: The fourth tapping, some nausea; urine scanty.

removing three gallons and a half of bloody liquid. 11th; ohe was weak and "flighty." 12th. Vomiting and dianhora after taking unsuitable food. 15th; Burning pain in lover abdomen; orderna of limbs passed off; pulse 90; ohe sits up a little; a good deal of thirst; sleeps poorly; urine natural.

August 2d: Abdomen large; orderna of lower extremities; patient weak; wrine muddy. 8th, Fifth tapping, removing three gallons, darker than before and very albuminous; pulse 112-120, 9th, Pulse 78; no fever; vomiting; has pain in turnor; a sevelling has appeared on the right side of the neck just below the upper level of thysoid cartilage, it is soft, and is said to be worse sence vomit= ing hegan. 14th; Peilse 84; not much pain; is very weak; no vaginal discharge, 24th, Left leg and thigh much swollen and tense, The leg was scarified, and the operation was repeated about every three days until September 17th when the reaccumulation in the abdomen necessitates a sixth tapping, two gallons of dark blooding liquid being removed. Perse 112. The turner was readily arttined and rather morable. 18th; Pulse 108; 22: Much pain, with vomiting and dianhoea. Morphia in half-grain doses was now given for the first time hypoder= mically, and constituted the principal treatment until her death, October 8th, the injections being given from one to three times daily. It her request I made a post morten examination.

much emaciation.

The head and spinal cavily were not opened.

The right lung appeared to be normal, The left lung presented three tobes, and was slightly adherent; a portion of the margin of the lower loke, the size of a shell-bark, was slightly indurated. Examined microscopically by sor J. b. Mc Connell, this portion was found to be rancerous. On the pleural surface of the diaphragm, left eide, were live hemorrhagic growths, one of them small, the other and inch in length and several lines in breadth. These were also can corous. The bronchial glands were

large and black with pigment. The pericardium contained straw-colored serum. The heart was small and pale; there was a mixed clot in the right ventricle and a black clot in the left awricle.

The abdomen contained a large quantity of Hoody serum, and the parietal peritoneum showed hemorrhagic points and rougestion and delirate tufts of inflammatory exudation. The stomach was closely adherent to the liver, diaphragm, spleen and intestines, these adhesions being thickened in places to half an inch, and part of the thickening found to be cancerous. The stomach was much contracted and nearly empty. The mesentery was thickened, contained an abundance of fat, and its surface was dotted with pinfroint elevations, usually of a brown color. The intestines were much contracted and firmly asherent to the stomach and ofleen and ulerus; the mucous and muscular coats were normal; the peritoneal surface presented elevations from the size of a pinhead to that of a pea, and varying from a brown color to pent and white, These were ascertained to be concerous.

The liver was pale, dense and small; it weighed 52 ounces; its lobes were obliterated by the pressure of adhesions; its upper surface was strongly adherent to the diaphragon everywhere except in about a dozen places, where the two were separated by small collections of pus; its lower surface presented a much thickened, opaque and contracted Capsule with adheseons to the stomach. The gallbladder was distended with green till, "The opleen was small, firmly adherent to diaphragm, stomach, intestines and panoreas; its capsule much thickened and opaque; there was a ravity about the seze of a shellback in the achesions in the lower part of the hilum containing brokendown blood; the organ was firm and dry; in the converse surface was an elastic yellow mass the size of a large marble, 19 mc bound found this to be the remains of a blood-clot. The pancies

was normal, The right Kidney was small, capsule normal, cortex thin and pale, and presented in one place a small white spot, which proved, however to be normal lissue; the pelvis and wreter were somewhat dilated and distended with wine. The left Kidney was of normal size, capsule normal, cortex pale, Supra renal capsules and each Dide appeared to be normal. Bladder normal Uterus large, sex inches in diameter; the anterior wall heneath the hypertrophied muscular coat, contained many myomatous turners, large and small, and with a total diameter of five inches; uterine cavity elongated, widened, and directed backwards at an angle of nearly 90° with the cervical canal, The peritoneal covering of the uterus presented many small, reft, polypoid growths and me large me the sage of a hickory nut, with cheesy and calcareous contents and a long pedicle. Between the cervix and rectum was a multilocular cystic growth the size of a new form child's head, and apparently including the varies and Fallspean tubes; it was probably malignant. History and autopsy by Lor Land, Contributed by Dr. D. S. Land,

No.
1666
c.s.s.s.p.s.

Bladder, with an electrating villous cancer at the base.

History by Ler le. M. Ford, Washington, Web.

Mor. Frederick Emmerich, age 65, native of Germany,
had complained for two or three years of difficulty in
passing wine, but did not consult a physician. In

May, 1882, he first noticed that he passed blood. He
continued to pass bloody wrine from that date till his
death. In July he commenced to use Warner's
safe liver and Kidney cure. He gradually grew worse;
the discharge of blood increased in quantity, and pain
become more severe.

Washington, helo

que micus. Yenis 8630-8634.

August 14 & saw him. There was great tenesmus

after voiding wrine, and he was passing a large quantity of blood. His pulse was very full, and general symptoms those of collapse. Stimulants, alternating with ergot and gallic acid, were given freely. 18th, He had rallied, but continued to pass blood,

There was very little change in his condition until Octoba 1". He then had a severe chill followed by profuse sweaking. After that he passed only a little blood, but larger quantities of muco-purulent wrine. His pain was at times intense, Itypodermic injections of prophia were given. Wied October 10, 1882.

Dr. & Me Schaeffer examined the wrine August 31th. There was a small amount of albument Mierr-scopically, he found much muce-pus and granular epithelium from the bladder; no renal casts; shreds of fibrin from the blood; large number of fusiform cells with one or two slender prolongations; a few red-blood corpuscles; a few dense, flat, irregular epithelial cells resembling three from epithelional Autopsy, 21 hours after death, by Dr. D. & Lamb.

Head and opinal cavity not examined.

Heart normal. Right lung presented general and firm old adhesions. Left lung slightly adherent, at the apex was an irregular white ridge of thickened pleura without noticeable adhesion; on microscopical examination by 19°, J. le. Mcbonnell, this was found to be a slaty inducation.

The liver was pale; gall-bladder full of dort bile, and contained about 50 very brittle calculi from the size of a pea down to the most minute; they were nearly black in color. The spleen was quite small, pale and dry; its weight probably 12 owners. The pancreas was firm and dry, but the lobules appeared normal. The stomach and intestines were palpated, mot opened; they appeared normal. The Kidneys presented a thinning of the cortex, but the Malphigian bodies and fupamids of Ferrein were distinct, and microscopically the glandular structure was normal; the pelvis of

the left Kidney, and the corresponding wreter, were dilated to about double their usual size. The prostate was normal. The bladder was thickened by hypertrophy of the muscular coat; the mucous coat was rugous, and presented en manyplaces a mucoid pseudo-membrane; the base of the bladder just behind the trigone was occupied by an ulcerated new growth, covering a space the size of the palm of the hand and me eich thick in the thickest part, three enches from the weethra the growth had involved the perilineum and become adherent to the rectum; the right wreter was free; the left appeared to be involved in the growth. The microscopical appearances were those of villous cancer.

Contributed by Lor, le, M. Ford,

Washington, Ol.

No 1667, Small intestine with constrictions from both 1667, old and recent peritorietis, a fistulous passage between the coils, and ulcers of the mucous membrane. From 4117 a case of incomplete obstruction.

August 24, 1882, by request of lor, Heng, I saw with him a mulatto boy, William Green, age 20. Atout seven years previously an abscess formed and discharged at the umbilious, the discharge continning for two years. Four days before I saw him, vomiting set in rather suddenly and without any well defined cause that could be ascertained; it was attended with constipation. He ared October 16th. His history in the interval may be summed up as follows: For the greater part of the time the abdomen was much distended with gases and a gurgling fluid, a horse shoe shaped distension being especially marked just above the umbilious, and quite constant in its recurrence after vomiting or stool had remporarily discharged it. The vomiting was occasionally interrupted by a day of comparative free don, corresponding with forcal wacuations. Foreal

vomiting did not set in till about the end of August. By means of enemas an occasional stool was procured; at first the forces appearing soft and clay-like, later on they were small and round like so many shot, Finally, the enemas gave so much distress, and were of so little avail, that they were discontinued. The distress, painful distension and want of sleep were treated with more phia for a good while finally, chloral was substituted. Occasionally he showed some fever, and the pulse varied much, as low as 110 and as high as 160, when he was quite weak. His friends were deceived sometimes into hopes of his recovery by the partial remis-

Sion of symptoms. Autopsy about nine hours after death: There was much emaciation; the umbilious appeared as a flat radiating scar.

The head and spinal cavity were not examined. The heart appeared normal, the right lung was everywhere adherent by firm old adhesions; the lung tissue was not noticeably diseased, The left lung also presented many firm old adhesions; in the upper love was a mass of cretified lubercle the size of a pea, and several smaller similar masses; in the lower lobe were many large patches of solidifica tim, some dark and other paler.

There were old, ferm, dry peritoreal achesions everywhere excepting only small portions of the liver and spleen, stomach and colow; no peritoneal fluid. The liver was normal; gall-bladder full of bile. Spleen small, Stomach normal, There gastro-splenic omenta. The pancreas was normal. The large intestine also was normal and nearly

The small intestine showed much distension in places; the mesenteric glands were cretified. There was a constriction of the small entertine, above which was much dilatation with hypertrophy of the muscular eval and much pigmentation, with many

small and large ulcers of the mucous membrane pinetraking to the muscular coat, while helow was contraction of the intestine with some atrophy. It the site of constriction the uner circumference was just one inch and the mucous coat very dark in color; around the constricted portion was a yellowish lymph somewhat from in consistence, and also adhesions, the intertine being thereby partly doubted upon itself; at this point there was an old thickened, inflammatory lissue. Just below the constriction was a fistula three quarters of an wich in length, connecting the intestine with itself; this fistula was continued as a passage three inches in length, passing through the old lyouth beliveen the coils and ending in two of the coils of the distended portion. The wall of this passage was dense and white, its onner circumference half an wich and dans colored; it contained a little forcal matter and part of the shell of a nut. One coul of wites time with which the passage communicated presented at that point the radiated appearance of ciratricial contracts tion, and just beyond ohnwed several saleers. Another distended portion presented a small round ulcer with radiating contraction. The Ridneys were normal. The patient died of pneumania.

History and autopsy by how D. S. Lamb,

Specimen contributed by 19. N. E. King,

Washington, U.S.

1668.

No. The ileo-coecal valve and caecum, a portion of the as= 1668 cending colon, the rectum and bladder, imbedded en No a mass of (colloid?) cancer; the disease has in-1669 volved primarily the mucous surface of the eter-1119 coecal valve and caecum

1669. Several coils of the small intestine presenting (colloid?) cancer of the peritoneum.

The patient, Martin Kelley, a private in the provost guard, U. S. military prison Fort Leavenworth. Wansas,

age 30 years; usual weight 160 pounds; height 5 feet 5 inches; came an sick report October 25th, 1882, complaining of an indescribable pain in the loins and bowels, and locating that of the bowels in the region of the oromach; he also complained of some unitability of the bladder, having to get up during the night to pass his

According to his own report and that of his comrades, he had been loosing flesh and complaining of these pains (which were at first somewhat intermittent) for about six months before coming an sick

Under treatment for gastralgia he became much better, and at his own request was returned to duty November 14th 1882; but becoming worse, he was on January 9th 1883, again admitted into the hospital, now lecating the pain in the right cliac region, and complaining of roustipation and incontinence of urine. He had been lossing blesh and gradually becoming weater, but was not in the least discouraged or despondent, an the contrary, he was always bright and hopeful up to the time of his death.

On close examination at this time (January 9th)

a small turner about an eich in diameter was detected in the right cliac regen, which at first was supposed to be an impaction of the calcum, with inflammatory induvation, as there was also some swelling. But this tumor not yielding to treatment, but rather graving larger, and apparently he coming attached to the walls of the abdomen, together with his rachectic appearance, which was becoming marked, gradual emacialine and weatness, led me to change my diagnosis to that of cancer of the raccum. By this diagnosis I could account for all the symptoms, viz: Cacheria, emaciation, weatness, pain in the right iliac region, irritability of the bladder and constipation

A temperature chart was Kept from January gets to March 1st, a correct copy of which & transmit with this report.

The growth of the turner was somewhat rapid, extending upwards towards the umbilious, downward
ento the pelvic cavity, and across toward the opposite
side of the abdomen. Its feeling was that of a very
slightly nodulated cartilaginars mass appearently
attached to the abdominal walls. As the turner
grew in size the constipation became so stuttorn
what enemas and cathactics were both required to
produce an evacuation of the towels. But soon,
on account of the pain produced by the negate of
the syringe in the rectum, the enemas had to be
abandoned, and it was then suspected that the
turner had extended to the rectum.

Only on me occasion was the palient troubled with vimiting. The exitability of the bladder also became so bad that there was a continuous dribbling of une, and an unial had to be Kept constantly in place. The distention of the bowels from the accumulation of gases therein was very great, especially after a meal; and during the last three weeks of his life this distention was so great and rous band, and the source of so much suffering, notwithstanding all efforts at its removal, that the introduction of an aspirating needle was seriously contemplated the odor of this gas and of his facces was extremely offensive, His appetite remained good, though capricious, until Sabbath, may you from which time he sank rapsidly and aried May 11th at 8 P.M. From may 8th until death his average pulse-rate was 100 and quite strong; average temperature 191°; average rate of respiration 8 per minute. His mind wandered, and he became too weak to talk from the morning of may 10th, and lay in a semiconscious state until death. There was considerable anasarca of the feet and anteles from the pressure of the turner on the iliac veins. The autipsy was made thirteen hours after death:

Rigar mortis was just setting in, henig greater in the lower jaw, neck and upper extremities than in the lower extremities. His weight at this time was go pounds.

On opening the abdominal cavity of was found to contain me gallow of a light greenish-yellow fluid of the specific gravity of 1020, which was go per cent albument. The stomach and intestines were distended, almost to bushing, with gas. The tumor, which was slightly nodulated, of a white color with a yellowish tint, and had the feeling of boiled cartilage, apparently originated in the caecum and filled the whole of the right iliac fossa and as high as an ench above the crest of the ileun; from thence it extended in a curved line lowards the left side, passing me unch and a quarter below the umbelieus to the anterior inferior opine of the cleum of the left side, matting together the raccum portions of the small intestine, the bladder and lower portions of the great omention and mesentery. It was firmly attached to the parietal portion of the peritoneum as far down as the linea ileo-pectinea. With much difficully getting this portion out, I found a constriclun en the turner just below this line, but it inmedialdy spread out around the reclum, about felling the cavity of the true pelvis, but not attached to its walls. The ravity of the caecum was somewhat dilated, but the iteo-carcal opening was contracted. The rectum was also diminished in ralities Berides this principal tumer, every portion of the peritoneum, parietal, visceral, and diaphragmatie, was thickly studded with small tumors, varying en size from that of a pea to that of a pigeon's egg. The liver was contracted, but the Homach, Kickneys and splen were of normal size and appearance. Norhing else of abnormal appearance was found. Contributed by O. C. mc Nary

Acting assistant Surgen U. S. Army. Military Prison, For Learnworth, Konsas.

Table of Temperature, etc, in the case of Martin Kelley. Pulse. Respiration. Timperature.															
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No 1670, - aborted oven, and decidual, apparently 22 months 1670, c. 5. 5. E. 90.

Mors. - age about 35, white, Scotch, mother of fine children, two of whom have have-lip and are dull of intellect. Menstruation ceased at a period corresponding with the apparent age of the foetus. The sac contained brown ish fluid. She recovered, Contributed by Lov. Lo. P. Seilbert,

Washington, N.C.

1671. Mole. A flat body 3 lines in length, is attached by a short pedicle to the smooth living of the cavity and No, 164/ 2.5.5.5. E.q. is probably an aborted foetus,

Passed by a widow woman, colored servant, with much hemorrhage. She recovered

Contributed by Dr. A. lo. Adams, Washington, Dels,

Nn, 1672. Utorus, enlarged Longth 42 inches; 1672 c.5.55.B.19. breadth 4; thickness 22 inches; the enlargement, as usual, involving body and fundus, and being due to a group of interstitial myomatous tumors. 9122

Springing from the superior surface by a pedicle one inch thick is a new growth the eye of the worth itself, and containing a large cavily and a soft shreddy mass.

An the postion of the left ovary, connected to the word by a short narrow pedicle, is a second saccular tumor where diameters are 6, 5 and 4 enches respectively.

The walls of the cysts are quite thick in some places, and their in others, and are of softer lexture than those of the externo. History by Do murphy:

9121

9120

"Lucinda Wills; Colored; age 35; native of Wistrict of bodumbia; married; never had any children!; has had pain in left side for some years; menses inequal and profuse; has lost flesh. Admitted to hospital November 14, 1880. Examination: Abdomen enlarged to the size of about a five months' gestation; face pinched; cheeks sunker. A semisolid tumor occupies a large portion of the abdominal cavity, inequal in artise and partially mereable from side to side. January 4, 1881. Admen much larger. Drew off with aspirator, 52 ounces of pus. January 8, 36 aunces of pus arawn. From this time to patients' death there was a free and constant discharge of pus. Treat: ment was mainly palliative and tonic. Patient inied

"The microscopical examination by low Schaeffer confirmed the diagnosis that the graveh belonged to the malignant type of sarcomas."

microscopical examination of the straneau house, Dischered no normal

(6/2) Money unlarged sength it

This is tatten from the hospital record by the resident

Contributed by Dr. P. J. Murphy, Columbia Hospital, Dels.

No. 1673. Hydatid mole.

1673. Contributed by Or. P. J. Murphy.

Contributed by Or. P. J. Murphy.

Rodumbia hospital, Web.

1674. Heart and ascending portion of asta, presenting a small 1674. aneurism of the latter which ruptured into the perior dium!

History and autopsy by by Hartigan:

William Thomas, colored, age —; upholotover, had been apparently well up to a few days before his death, during which he complained of dysproved. February 8th feeling badly, he went to hed early, and was found in the morning dead.

At the necropsy the pericardium was found to contain a pint of blood-clot and half a point of fluid blood, The heart, with part of arch of auta and pulminary vessels attached, weighed 21 ounces; right ventricle & inch thick left ventricle 8 inch thick; posterior segment of tricuspid valve showed a firm nodule several lines thick on its free edge, and pulmonary and mitral valves appeared normal; acrtic valve showed a smaller, firm nodule on me segment, half way below corpus arantium and the left end of the semiline. The endocardium, below the dortic valve, showed patches of thickening. The ascending anta was 32 inches in interior circumference, and was of uneven surface because of abundant smooth ilcerations of about a line in depth. Immediately to the right of the left coronary opening was another opening & inch en diameter, with rounded edges, leading into an ancivismal pouch the size of a hickory nut which projected into the pericardial sac just at the left of the terminus of the superior vena cava. This pouch after dissection hetween its coats had taken place by a somewhat tortuous route, had suptured into the pericardial sac through an opening about 12 lines in diameter. Contributed by Lor D. Hartigan,

No. 1675. Portion of small intestine, with local hypertriphies 1675 of the mucous membrane, especially of the valvulae conc. 4.5.3 a.s.
No niventes, from the size of a pea to pear - thickenings an 1676 inch in diameter. Many of these hypertrophied postions (4.5.13.23) are externated, the ulcers varying from one to six lines in diameter.

Washington, W.S.

1676. A second portion of small intestine, lower down than the preceding. The hypertrophy is more general, involving in some places the submucous and muscular coals. The ulcers are larger, and penetrated here and

there to the muscular coat.
The microscopical examination showed these hypertrophies
to be cancerous.

Patrick bibbons; age 48; nativity, Ireland; discharged from U. S. army March 14, 1882, on account of disability from chronic rheumatism. Since the above date has been an inmate of U. S. Soldiers' Home, W. le. Has always been of regular habits and never drant to excess.

habits and never drank to excess. First appeared at sick call complaining of cough. In the early part of August presented himself at hospital, requesting a physical examination of chest, bomplained of pain in cardiac region, greater after eating; loss of appetite and con-Nant weateness; vongue clean; bowels regular. Much emaciation; weighing only one hundred (100) pounds-for man of 5 feet y enches in height, about.) Physical examination failed to reveal any affection of heart or lungs. August 5. Complains of dianhoea and dysproea. August 26. Contiming to grow weaker, admitted to hospital. It this time appetite very poor; tongue coated with yellowish fur; breath very offensive. Vomiting occasionally from 15 minutes to two hours after taking food. Complained of feeling of weight and oppression and pain in epigastric region, diarrhoea; stods rather yellowish and very offensive; had small internal piles; deeplessness; pain in side and lumbar regen; some adderna of feet and antiles. After admission the pain and oppression in epigastric region rapidly grew worse; bowels constipated; stools rather clay-colored and very offensive; vomiting of bile, became more constant until femally a few days hefore death nothing was retained on stornach longer than two hours after ingestion. Complexen sallow; loss of flesh rapid. Examination of abdomen not entirely satisfactory, averag to rigidly contracted abdominal muscles. Percussion and palpation demonstrated marked enlargement of liver; it borders rounded; Stight prominence of epigastric region, deep percussion elicited a rather dull note. Remainder of abdomen tympanitic. Diagnosis of duodenal cancer made. Weath occurred from exhaustine about 12 Mb, September 21, 1882.

Lost mostern two hours and a half after death. Great emacia tion of body; weight about eighty (80) pounds. Heart and lungs normal. Stomach somewhat dilated, otherwise normal. Liver enlarged; borders rounded; studded throughout with masses varying in size from a pea to a small chestrul and of a character similar to turner; intervening tissue apparently normal. Spleen and Kidneys not examined, Pancreas enlarged and indurated and involved in the growth, part of it, I think being removed with the turner. The entire tumor, as far as possible, was removed. The large intestines were not involved further than that the glands in the peritineal folds were much enlarged, The retroperitoreal glands were also greatly enlarged, making quite a turner along the ofine in the abdominal ravity, The mention showed marked venous congestion and slight peritoritic adhesens.

Braun.

Contributed by Lor. lo. Mayfield, Barnes Hospital, Uo. S. Soldiers' Home, D. lo.

No. 1699. Contracted Kidneys; intestitual nephritis.
1677 Jacob Taylor, light mulatto; age 44; married; had been in the hospital for about four months a year previous to 4127 his second admission, October 6, 1882, and with the same disease, Bright's disease of the Kidneys; wrine albuminous. Ne died October 19th.

Autopsy about twenty-four hours after death: Extensive general anasarca. There was a scar the size of the palm of the hand on the crest of the right titia, two other, smaller ones, lower down, all of them said to be and to rupture of skin from ordena, There is ordena of thighs, not of legs.

Head and spinal cavities were not ofened. There was about a quart of serum in each

pleural cavity; a few slight pleuritie adhesims on the right side. At the apex of the right lung was a small, old, thickening of the pleuva, with subjacent emphysema; upper and middle lobes oedernatous; lover lobe collapsed. There was one pigmented Intercle of the pleura the size of a small pea. The upper loke of the left lung was ordematous, lower lobe collapsed. The large brenchi presented streaks of congestion, and contained frothy mucus. Branchial glands full of black pigment and ome contained calcareous depoits, There was some serum in the pericardium. The surface of the heart and great vessels showed streaks of congestion; coronary vessels tortuous and stiffened. The right auricle contained a large white clot extending into the ventricle and pulmonary artery; tricuspid and pulmonary valves normal. Pulmonary artery presented very slight thickening of enner coat in patches. L'est auricle empty; ventricle contained small white clot extending into costa; anterior segment of mitral value othered small patches of fatty degeneration; there were seed-like thickenings of the posterior segment, the acrtic values presented some small opaque thickened patches, anda ascendens atheromatous, and showed yellow fatty patches.

Abdominal cavity contained much straw-colored forum and some recent lymph. Stomach and intestines normal, contained little else but platus. Liver of normal size; its capsule and autosurface plate-colored; there was some unevenness of surface in places and a few scar-like portions without proceptible thickening of capsule, ball-bladder shrunker, nearly empty. Splein small; wieght about 1'2 ounces, firm, nearly dry; capsule and outer surface of a blue color. Pancreas normal. Right Kidney weighed 3 ounces; capsule thickened in patches, but easily removed; cortax's inch thick and cirrhotic. Left Kidney 3'2 ounces; condition the same as the right. Ureters normal. Pladder distended. Prostate did not seemed enlarged. And a and iliac arteries acheromatous. Right common iliac bifurcated at 1'2 ench from argen.

scopically the condition of intestisal nephritis.

1678. Liver with abocess cavity measuring of inches trans 1678. c. 4, 5, 5. d. 16 versely, 6 inches antern posteriorly and 4 inches vertically It involves the left lobe, which has been hollowed out into a thin shell, and extends well into the right toto. The inner 9128 surface is ragged and irregular. There are many adhereins of its exterior surface of lun pierens many inherins History by Lor Newton: were hackety James Conway; white male; native of Freland; age 35; died April 1, 1883, of abscess of liver and resulting lessins. The case was that of a citizen and discharged Addin who was received into this hospital for treatment about three months previous to his demise with the diagnosis of hepatic abscess. History of the case meagre; family history good. Had suffered with "chills" for some time (exact direction not ascertained) previous to last illness; otherwise always considered homself a healthy man. After his discharge from the army, several years ago, followed the vocation of a huckster. Was inclined to intemper. ance. Denies all venereal lesions. Has accustomed to lying out over night, especially when travelling about on pursuit of his business. In August or revou September, 1882, began to complain seriously of pain in right side in region of liver. Lost strength and flesh. Look to the hed in blecember; grew gradually worse. Came to this hospital January 6, 1888, Was aspiraled twice; about three pints of pus removed at me time; again, in about two month, two quarts removed his weent by I relieved Lov A. A. De Loffre, assistant Burgen U.S. A. of charge of this case February 26, 1883. Pushed tonics for to utmost. I lesed aspirator once, bould not make it work well. Obtained about four ownces of very chick pus mixed with blood. Wanted to open abscess cavity freely, wash it out and maintain drawings. The patient was too feeble to permit of this proceeding. Morphine for over was freely used. Patient, after a good fight for his life, died april 1, 1883.

The following notes, in addition to enclosed record of

U. S. Anny

Rightley 1141 by 12 m, showe the save plenny or base, tchimis autopsy, were taken. Lungs both show marks of compression, and left lower toke quite solid from the pressure of the hepatic abscess; also chronic pleuritis over this portion; chronic bronchitis, Le. Heart-muscle pale and somewhat flabby; organ rather small; valves and ressels normal. Lever, spleen and Kidneys preserved. These specimens speak for themselves, and will be forwarded, with the lungs, to the office of the Burgeon General at an early day, - as som as they are sufficiently hardened to be hermetrically sealed and turned over to the port quartermaster for transportation to Washington. The fatty degeneration of the Ridney (no waxy deposit could be detected by iodine test) may account for the (moderate) vedernal of extremities (lower) noticed during life, towards last, and at autopsy. One examination of urine, several days before death, failed to discover either albumen or casts; the water was acid and loaded with lithiates. It is believed that the entire set of specimens will be found quite interesting and a valuable addition to the Army Medical Museum. The abocess-cavity can still be well made out and its capacity

pretty well estimated. The autopsy would have been far more salisfacture to me had any proper means existed at this post for making one. The intestines and other portions of the cadaver were per force allowed to go unexamined. Proper tables, sinks, and an appliance to provide running water will he estimated for upon the yearly estimate to be furnished next month. At a moderate cost proper facilities for the study of pathology can be provided here, as there is now a suitable room which only needs the furniture spoken of

Owing to want of conveniences the measurements of the vessels and the obtaining of the volumes of the viscera were deferred until the morning after the autopsy. The weights were gotten as the viscera were taken from the body, and the specimens were Kept in water until the next day.

As to the etiology, I would luggest that it seems that we must consider that matarial poisoning and alcoholic intemperance were the factors in producing the abscess; a

rare trouble in america, or far as I have been able to learn. as to treatment, it seems as though a thorough washing out of the abscess-cavity and its expresure to the air, some time before the case fell under Lor, De Loffre's observation, would probably have saved the patients life. And in a semilar case of would not hesitate to pursue the course indicated, even when the patient's strength is already much reduced.

Autopsy four hours after death; Rigor mortis marked. Contreme emaciation, some ordema of ankles and less; hed sores on sacrum (extensive) right-hip and shoulders. Height 5 feet 82 inches; reight 1062 pour as. Brain and spinal cord not examined. Heart meighed y ounces; volume ya fluid ounces, Lungs neighed 23 ounces; volume 45 ounces; right lung weighed 11 ounces; volume 27 fluid ounces - less lung 12 ounces; volume 18 fluid ounces. Stomach weighed 54 ounces. Lever, after evacuation of abscess, weighed 69 ownces; volume 64 fluid owners. Spleen weighed 204 ounces; volume 19 fluid ounces. Kidneys 122 ounces; volume 11 8 fluid ounces - right kidney weighed 62 ounces; volume 6 fluid owner - left Kiany 6 owners; on volume 5 8, Circumference of ascending nota 2's inches; of pulmonary artery 2's mohes; of shoracie artery 176; of abdominal arta 116; of renal arteries, measured at 2 ench from antaright 16 mohi, left 16 mich. Contributed by assistant Surgen R. le, Newton,

Nos Consecutive portions of colon, the third one including the 1679 ilev-caecal valve. They present a series of ulcers, 1680 varying in size from a few lines to two or more 1681 enches in length, most of them ciratrizing; a few c.4.5.3. I. apparently fresh mes; all of them have extended to, or nearly to, the muscular coat. Most of the intervening

For Sill Andian Territory.

patches of mucous membrane are normal. The intestinal coats are whickened,

History by Dr. Mans; John Donohue, lo. Is, 22 Infantry; age 41; single; native of Oreland; arrived at this post November 23th, 1882, having made change of station from Fort Clarke, Texas. Donohue served continuously in the U. S. Army since 1861. During the recent war his service was en the Southern States, and since that time in the northwest and Jexas, contracting malaria in the latter place, from which he suffered more or less until his death. He was treated for acute dianhoea by acting assistant Surgeon Moses Cooper, U. S.A., while en route to Fest Lewis, Colorado, and was returned to duty upon arrival here. Was again treated for same disease by acting assistant Burgeon W. J. Byrne, US. A. from December 10th to 17th on which date he was returned to duty. Upon my return to Fort Lewis, December 21% from detached duty with the fifteenth infantry, in change of statem to Dakota, Dombul again appeared upon sick report, and was placed in hospital for treatment. At this time patient was suffering from an attack of acute bronchitis, result of exposure to inclement weather. His condition was quite Revious; marked malarial symptoms were observed, and occasional attacks of dianhoea, Underche usual remedies the lung trouble rapidly disappeared. The dianhveal discharges increased in number from this on, gradually acquiring a bloody and mucous character. In the early part of January he suffered from severe pain over the left lumbar and umbilical regions, Temperature daily averaged from one to two degrees above normal, with considerable loss of flesh, appetite pour; tenque brown and coated, sordes on teeth. loondilim typho-malarial. Treatment varied to suit phases of disease: Durine, ferruginais tonics, campha and opium pills; beef extract, egg-nog, milk and brandy, and gruels. From January 12th patient's condition grew Meadily werse, bloody dejections increasing as often as every half hour, with much termina and tenesonus. Therac. in large doses was faithfully tried; also opium and

acetate of lead; catechu mixtures; erget and but fomentations, with unfavorable results, I was satisfied that ulceration of the witestines had occurred. The diagnosis was changed Jany. 15th on hospital register. Patient was in state of collapse, and death seemed imminent It became necessary to retain contenually the hed-pan in situ, paralysis of rectal ophincles having occurred. At this juncture & concluded to resort to the use of nitrate of selver in form of large rectal injections: For this purpose a rubber tule about fifteen inches long was carefully inserted, care being observed that the tube did not double on itself, and the following solution slowly injected by means of a David-In signinge: Selver nitras Zi, tepid water Oti. Injection remained about five minutes, creating very little annagance le patient, Marked improvement followed this treatment. After several small dejections, discharges ceased for over six hours, and patient was only once disturbed during the night from this cause. This treatment was pursued once daily until fourth day, when passages decreased to one daily, free from blood. On this connection I would like to call attention to the great value of nitrate of selver enjections for ulcerated intestines or dysentery, originated I believe, by Professor H. C. Wood of Philadelphia. There can be no doubt but That relevation had involved considerable extent both of the large and small intestenes in this rase, a fact which was rowfirmed me month later at the autopsy of the patient, Whose death resulted from abscess of the liver, there was no further trouble from bowels of Donohue from January igh on, but he remained in a very feeble condition, d'emperature remained à degree or two above normal, tongue dry and brown, appetite almost mil, and progressive emaciatem. Profuse perspiration now occurred daily, lasting for hours. Aromatic sulphunic acid had no effect en controlling it. Small does of Dulp, atropia and maphia was fairly surcessful. Freatment he ame general; touics, stimulants and quinnie. bauful warnen ations were made daily in order to

delect any organic changes which might occur in lungs or other organs. It was wident that his absolute prostration and inability to acquire strength was due to other causes than previous intestinal trouble. Abscess of liver was seespedid on account of copious perspiration, no other symptoms of this condition being present. The latter part of January Olight flatness was detected over right loke of liver and lower love of right lung anterialy. No swelling was present, measure-ment having been made. February 30, heming conveniced that the liver contained an abscess, I made an exploratory puncture between the eighth and nineh ribs, and aspirated more than three ownces of pus. The aspirator was again used February 5th bringing away about three ounces more of pus. failure was noticeable daily. The chloride of ammonia was presonbed, in 15 grains at a dire, four times daily, after d'agnosis of abscess was made; but I presume it was too late to have any specific effects There was nothing of special interest in case from this on until death, which occurred tebruary 15th From the history of this care supposition would refer the cause of the abscess to the ulcovated condition of the intestines; there can scarcely he any doubt but that the absorption of septic matter by the portal circulation initiated the suppuratim. It Deems rather remarkable that so serious a Condition as a large abscess of the liver can occur with so few indications of the disease

The autopsy, which was make fifteen hours after death exhibited the following conditions: Stomach, heart, Kidneys and oplein normal; large and partial of small intestines presented partially healed interactions and circultices with much thickening of inner coats. The right like if liver was found adherent to the diaphragon, containing a large abscess and several smaller ones. The large abscess had perferated the diaphragon and occupied a portion of the lower loke of right lung. The lungs otherwise were healthy. The reamination was carried no further, it being considered unnecessary.

Contributed by L. M. Mans, Capt & a. Surgen a. S. army. I. Lewis bol.

No, Heart and great vessels, truchea and oesophagus; fibro.
1682. cyplic turner; thrombosis of veins when you got with come of the heart is small; the left cavities empty, the right ones
9132 stuffed with a somewhat granular clot, which is loosely

The superior vena cava and the innominate veins are tikewise duffed with old, which is adherent to the walls the distal ends of the innominate veins are impervious, except that the right subclavian vein is somewhat patulous.

In front of and around the great vessels, extra pericardial, is a mass of tissue shown by microscopical examination to be inflammatory, which is as much as half an enich in thickness in places.

The thyroid gland is normal. In front of and to the right of it is a firm new growth, with ragged margeris, about the size of an evange, and of a fibrocystic structure. It a corresponding point on the left side is a smaller, somewhat similar growth. They appear to have involved the deep cervical glands. History by or Dow:

Serman; occupation in early life bootskeeper, but during the past ten or twelve years the business manager of a large manufacturing establishment; Married; temper ate and regular in all his habits; father of three children; the eldest, a daughter, suffered from cherea at age of publish.

the S. applied to me October 17, 1878, for advice. His right arm was considerably problem, ordernatous; no acute pain, but sensation of numbers. A slight tumor existed at the site of the right like of thyroid gland. Come plained of slight difficulty in breathing, though hardly perceptible. There was no history of any previous pulmon any trouble, nor was there army specific history. How what that on two former occasions he had noticed this same swelling and numbers in one or other arm, but had supposed it was a writer cramp, he having used a pen almost constantly from bybord. The earliest indications had been about five years previous to the present attack.

Diagnosis: Lymphangitis. As a prognosis I freely placed he fore him the possibilities as well as probabilities of the future, and, he being a very intelligent gentleman, I placed in his hands the leterature upon the subject, which he read with

He improved rapidly, continuing in his business. About November 1st 1878, he had to leave the city to attend tusiness, and was away pereral days, Sleeping at night in a much more exposed position than when at hime. I was called to see him upon his return. Found him with severe attack of acute pleuritis. This subsided in are time, but dysproved and some pain, with an effusion remained as the Requellae of the acute pleuritis. Closely following, and probably through the absorption of the excited hymphatics in the pleura, the swelling, orderna and numbress in the arm again presented itself. They were so much enlarged that elastic bandages had to be used to give support to the parts and thus afford relief. Perhaps me week the right arm and hand would be much swollen, then in a short time the swelling muld desappear, reappearing in the left aim, to be as suddenly transferred to the right arm. Generally the brack of the hymphatics was quite sensitive to the touch, and considerally reddened. There was never any acute pain except during the acute pleuritis. The dyspinora gradually became more marked, appetite diminished, and the strength of the patient failed rapidly.

The turn of of above as occupying the site of right thyroid gland, continued to develope. Having as a supposed, into the thyroid gland. From this opening I could express a peculiar curdy substance, semi-liquid, having the appearance of partially disorganized gland structure. There was no flow without pressure; there was no pur without pressure; there was no pur discharged. The unfavorable features of the case became more prominent, and the patient died February 14, 1879.

Autopsy twenty hours after death: The chest king opened, the turner was readily seen. It embraced all the

civendatory organs, even one of the auricles, The desophages and trachea. The efecimen does not comprise more than metalf of the substance, the remainder escaping, it being semi-liquid. On right side the effusion in pleural cavity to the extent probably of six ounces; Lower portion of lung obtidified or collapsed, I do not remember which. The left pleural cavity contained nearly a quart of grumous liquid; lung completely collapsed. Pericardium contained about two ounces of clear fluid.

The tuma filled the entire mediastinum and forced its way up hehind the thyroid gland, the autopy showing that the encision had been made entirely through that budy, penetrating the tumor still deeper. I think the liver, option, Kidneys and stomach were in a normal condition, as new the somall into times At the junction of the ascending and transverse colow there was a decided nanowing, which continued to increase toward the rectum. The specimen is most of the transverse colow.

Contributed by Lor John L. Wow, Washington, Web.

Note. - Professa 2m. H. Brussey of Cerceinate, Ohro, examined the specimen with D. Dow and romewood in the Sufficient that it was a hypertrophied they mus gland,

No. Kidney, from a case of so called "rheumatism" [688] attended with genty arthritis of hands and feet. The c.s.s. B. 23 right kidney weighs one owner, and the pelvis con 1684 tained two small friable, tuberculated calculi and c.s.s. 1. E. 12. much firm fat. The left 121 druy weighs four owners, and presents a cept the size of a hickory met.

1684, balculus from right 121 druy.

History by Low Magnuder:

Peter Vermeren; white; age 52; Belgian; bar-Keeper and a hard drinker; died July 22, 1883. He had had "wheumatism" for more than ten years, but without regular treatment; was often sick for two or three months at a time. Three (3) months before death is said to pave passed gravel, We had had droppy.

July 17, 200 magnider was called in to see him. There was vorniting but no purging; vestlessness; insomnia; pain in extremities; in ablent ulcer on one finger, and four or five joints very red, purple and painful. There was no dispensed. Maphia and salicylic acid were given with marked relief. Next day he was better, although the vomiting continued and the urine was scanly. There was no material change till the 21°, when he had two convulsions. He was given the muriale of pilo-capine, 6 grain, hypoderms cally, and 20 grains of calonel, and his condition improved; but at 5 A. M. next day the convulsions recurred, and he kied.

At the autopsy ten hours after death, there were present love. Magnider, acker, Hochling and Rivey. Riger matis well marked; finger joints enlarged, stiff and deformed, with concretions around them, and an abscess in me joint; the toes were similarly diseased, but none of the larger joints; there was abundance of adipose tissue; no ordered.

Heart large; deposit of fat an surface; left ventricle hypertrophied; the bases of acric valves atheromatous; the acria atheromatous and contained a small clot. Lungs hypostatically congested; there were cicatrices and chalky deposits, and an abscess the size of a pea at the after of the left, and cicatrices and chalky deposits at apex of the left, and cicatrices and chalky deposits at apex of right; slight adhesens of each, Stomach and intestines normal; liver much congested, firm; gall-bladder full of till, me calculi; spleen much enlarged and firm; pancreas normal; Kidneys small, contracted, bladder normal; wreters not distended. There was no fluid in the chest a abdoment.

Conhibuted by Lor Is. L. Magnider, Warhing

Washington, Del.

No. 1685. Heart and first portion of great vessels. The heart and 1685. valves are normal except a slight induration of the attached margin of one of the artic segments. The inner circumfermence of the artic segments. The inner circumfermence of the artic is 475 inches, its surface conghened. Three quarters of an inch above the right and left segments is the opening, half an inch in long diameter of an aneummal pouch. The ponch is half an inch in diameter and has ruptured into the pericartium through a rent three-eighths of an ench in diameter.

Dr. Waters, July 31, 1883, as follows:

by assistant Surgeon A. A. De Loffre, to accompany the record of autopsy in the case of the late Surgeant George J. Taylor, lo. A. 12th Infantry:

On the Ist inst, at sick call Sergt. Taylor reported to me that he had a pain in his left shoulder and also at times shooting pains in his chest. The pains in his chest were not constant nor very severe. He first feet the pain in his shoulder the day before. I thought they were newalzic in character, and ordered a counter-circlant, did not examine the heart, for nothing led me to suppose it was affected.

On the 25th at 5 A.M. I was hastily summed to see the Sergeant, who was said to be dying. Upon arrival found him dead. The man who came for me said that he heard the Gergeant grown, and when he entered his room saw that he was dying.

The autopsy was made eight hours after death; The brain was soften than natural; the venous sinuses some what distinded with fluid blood, and the vessels of the brain appeared also to contain more blood than natural; there did not seem to be an excess of fluid in the venticles of the brain. The lungs were normal, but there was a certain degree of hypostalic congestion. The pericardium was distended to its ulmost capacity by a substance which upon examination proved to be a clot of blood. On closer examination it was seen that this blood proceeded from a ruptured aneurism of the anta within the pericardium. The aneurism was

not of large size. The heart was healthy but firmly contracted; there was, perhaps, a slight hypertriphy of the right ventricle. The values of the ventricles of the anta and of the pulmonary artery were normal. On the pericardium there was a roughened and thickened shot about the size of a 25 x priece, which shot was probably in contact with the inflamed portion of the airta.

The liver and spleen were dask clate colored, and the vessels contained an undue amount of fluid blood. The Kidneys were normal, but somewhat congested. The panaras was healthy. The stomach contained a very small quantity of brownish matter. The small intestines were contracted somewhat, and contained about 12-15 ownces of thick yellowish fluid, also a take worm 29 feet long. The large intestine was slightly distended with gas, and its contents were principally feed. The tymus gland and the testecles were not examined.

Record of autopsy: Rigor montis well marked; fairly nourished; height Dix feet one wich; veight 135 pounds. Porción, total weight 55 nences, volume 52. 5 fluid ounces; right hemisphere 23.5 ounces, volume 22.5 fluid ounces; left hemisphere 24 ozo., volume 23 ameen; cerebellum 6.5 amces, volume to ounces; pous and medulla I ounce, volume I nince; heart 13 ounces, volume 12. 75 fluid ounces; lungs 37 ounces, volume 53 ounces; right lung 21 ources, volume 29 fluid ounces; lest lung 16 as. volume 24 fluid ounces; Stomach Hounces; liver 66 gp., volume 62.5 fluid ounces; pancreas 8.5 ounces, volume 8 fluid ounces; Kidney 15.5 ounces, Volume 15 ounces; right Kidney 7. 5 mas, Volume of ounces; left Kidney 8 ounces, volume 4.5 amees; supra-renal capsules. 80 ounces, volume , 80 fluid ounces; somall intestine, length 30.5 feet; large intestine 5.75 feet; ascending anta and pulmonary artery from part of specimen sent to army medical museum; thoracic anta, circumference 2.20 inches, abdominal auta, 1,40 inches. Specimen contributed by W. E. Waters,

Madison Barracks, new York, July 26, 1883.

1686 1686 C.TV, S.3. E.SO NO. 9137 1684 C.4.S.3. E.SI NO. 9138 1688. C.5. S. S.C.31.

Hosb-1687 are consecutive portions of cleren. 1686 presents a somewhat finely nodulated thickening of the valvulat conniventes and a thickening of the mucous membrane; the Payer's patches and the solitary glands appear to be normal. 1687, which in-cludes the clev caecal valve, shows similar lesions of valves and mucous membrane, but more marked. In the Payer's patches are a number of round ulcers averaging quarter of and which in diameter, extending to or nearly to the muscular coat, with smooth, renthickened, abrupt edges. In the recent state the ulcers were surrounded by a dark the areotal. The portions of the patches between the ulcers are normal.

1688, Uterus and appendages. Both evaries are converted with multilocular dermoid cysts, the right having the size and ohape, in the recent state, of an adulthuman Kidney, and the left being as large as a child's head. Some of the cysts contained a thick yellow fluid, others a soft, yellowish, pasty and greasy mass, some also contained bunches of short black hair. The cyst walls are much thickened in some places, sometimes indusated, and also present here and there a thick epithelium with growing hair; there is me flat piece, as of bone, about me inch in diameter, firmly imbedded in the walls.

Autopsy by Lor D. S. Lamb:

The etidogy is obscure

Harriet Slater; colored; age 50; single; servant, born in Maryland; was admitted to Freedman's hospital, Washington, Web, July 23, 1883, and died August 12th

Autopsy fifteen hours after death: Body much smacialed; a hedsore on sacrem.

The head and ofinal cavity were not examined.

Right lung, no adhesions; upper love ordernatous; middle loke normal; lower loke ordernatous and somewhat congested. Left lung firmly adherent everywhere, anaemi's and collapsed. Heart small; mixed clot in right cavities, extending into the pulminary artery; slight fatty degeneration of mitral valve and of the first part of the arch of the auta.

Liver of normal size, pale, anaemic; on the under surface of the right loke was an appearance as of a

ciratrix, but without thickening of capsule or adhesions; when cut into extravasaled blood was found. Soll-bladder full of bile; no calculi, spleen small, lobulated, dry and fundy adherent to diaphragm. Pancieas normal. Kidneys anaemic. Stomach somewhat congested. The last two feet of ileum as in opecimen, and corresponding mesenteric glands enlarged. The valvulae couniventes of this portion were of a deep red color. In the ralcum was a small ulcer and several abrasions. The remainder of the large intestine normal in appearance, but only opened here and there. Uterus anaemic; ovaries as in specimen. Contributed by actig. assist. Surgen N.S. Lamb, Washington, Web.

16 89. Cirhord liver.

C.4.3 S.B.II. History by 19. Mans: Major Smith arrived at Fert Lewis, Lodovado, Nevember 25th 1882, from Fat Clarke, Jexas, in command of battalin 22" Infantry in change of statue to this pot. At this date he was apparently enjoying fair health, and continued to do so until behnary 1th, 1883, when taken pick with acute gastritis. Was returned to duty February 10th Upon inquery I learned from patient that these allacks were not unusual, and that they resulted from the use of alcohol. My Knowledge of his habits led me to suspect circhosis of the liver, particularly as I was informed that he occasionally suffered from hemorrhage of the bowels and haemoftysis. The liver, upon examination, was found hard, frim and nodulated. I informed him of his serious condition, and recommended tonics and the moderate use of malt liquors and light wines until they could be altogether discontinued From this date on until May 20th he continued his duties at post, and I believe also the use of whiskey. On the morning of may 20th patient was not feeling well, though not confined to quarters. Face was jaundiced, palar of skin and probabia, and occasional small hemorhages from bowels. There was not the slightest

tendency to ascites or oederna. Hydro-peritonaeum is regarded as a very early symptom in hipatic circhosis, yet in this as well as another case of liver cirrhosis which occurred under my observation a short time ago, there was no dropsical effusion or orderna of limbs preceding death. I am inclined to believe these two symptoms are oner estimated by authors and compilers of works on medical practice in this disease. It I o'cluck P. M. I was hastily sum. moned to mujor Smith's quarters, and found him suffering from haemateuresis and large evacuations of blood from the bowels. Patient was very much collapsed, This Condition had existed for over one hour upon my arrival, and I was discovered that over one pint an a half of blood had passed per own and rectum. The Homach was exceedingly irritable, unable to retain any thing. The patient was placed in hed and the strictest quiet enjoined. Fritability of stomach was allayed by means of small pellets of ice and one- arep doses of sol. potass. arsenitis every half hour. Ergotine was administered hypodermically, and later opium and acetas plumbt per oven. Brophia sulf. gr. 12 was subcutaneously enjected to quiet peristaltic action, By 7 o'clock of h. writation of stomach was overcome and intesteral henserwhages had ceased. In this case gastric and intertinal hemorhages resulted from stases in area of portal circulation, the treatment was now directed to collapsed condition of patient, Extract of beef and small doses of brandy were frequently administered. Patient remained comfortable from this on; pulse very weak and rapid; temperature a little helow normal, directure of digitales, in fifteen drop doses, was given every hour, with view of restoring hearts action. About 2 A. M. May 21" it herame necessary to administer digitalis and brandy subcutaneously. Patient was noticeably sinking. Weat and sinapisms to feet and wrists were applied. The mental faculties were relained within one how of death, when he lapsed into coma. Weath occurred at 5 o'chete a. m. Sutspry twenty-four hours after death; Liver

tawny or salmon color, firm in consistency, enlarged, weighing five prinds ten ainces, and covered with modules varying from a pino head to the size of a pear. The left ing from a pino head to the size of a pear. The left love thin; capsules thickened; not adherent to the diaphragm. Spleen normal en size but firm. The mucous membrane of stomach and intestines thickened and chronically inflamed Kidneys enlarged, with fatty degeneration. Base of both lungs congested. Neart large, flatty and fatty.

Contributed by assist Surgen L. M. Maus Fort Lewis, Colora do, June 5, 1883.

No. 1690. Stomach, opened along the lesser curvature and 1690. turned out, to show the mucous membrane, which discurs plays multiple hemorrhagic erosions, and is much stained 4140 with blood.

found dead in his bed on the morning of Sept. 9, 1882!

Narcotic poisoning was suspected, and the stomach, tied and unopened, was forwarded to the Museums. "A careful autopsy nevealed no lesion of any of the viscera sufficient to cause death." As neceived at the Museum, the stomach contained a dark-red liquid somewhat resembling blood, and without odos. A portion of the organ had dreed in transition from insufficiency of preservative. The mucous membrane as in the specimen.

Acting Assistant Surgen W. M. Mew. examined the fluid contents but failed to find any hurtful constituents.

The cause of the crossin is of course problemateral.

Contributed by assist. Surgen F. b. Hinsworth. U.S. a.

First Mc Intosh, Texas,

c.5.3.4.c.10.

1419

1691, Bladder, rectum and prostate gland. There is and abscess cavity of the prostate involving mainly the left lobe and about the size of a hickory nut. It has extended sinually in several directions for short distances, but especially upwards and backwards, communicating with and probably the cause of the recto-vesical fistula. Below the perforation of the rectum is a superficial evoding

History by lor Everts:

Private Patrick Wilcorne, loo. F. 1st W. S. artillery; age 42, admitted May 1, 1882, with chronic dysentery. When admitted from 9 to 12 watery discharges daily, not accompanied by pain or tenesmus. The desire to evacuate bowels comes on suddenly and cannot be controlled. I are opium, and later reperacuanha, ten to fefteen grains and me grain of opium, twice a day. An ownce of brandy every six hours; milk and lime-water. May 14, Stomach shows growing intolerance to large doses of iperacuanha. Save ou-quarter of a grain of rational, three grains sperac, three grains of birarbonale of suda, every three hours. Delt continued. May 25. Stomach rejects even omall doses of iperacuanha. Save brandy, beeftea, milk, rice, cod-lever oil. Juney. Number of passages decreased to 6 or of daily, and patient seems some stronger. Physical examination fails to detect any tubercular trouble. Save nitrate of silver feve grains, pulverged opium five grains, en twenty pills; me every six hours. Four ounces of milk every three hours. July 20. During the past six weeks there has been progressive weakness and emaciation, though from day to day the patient's condition does not seem to vary. Six to eight passages of liquid resembling light-colored wine, and routaining small quantity of hard lumpy feces. Nectic fever comes on every evening, lasting for three or four hours, and ending in free perspiration. Slight percussive dulness at apex of left lung, and slight bronchial respiration over both apices. Passes six to eight ownces of usine daily by weethra, S. p. 1008; slightly albumerious, Rectoveriral fistula suspected, and fluid portion of passages from

rectum filtered and examined. No urinous odor. 8. p. 1006. No wemany salts found in filtrate. Sine Sulphale of copper and opium, of each three grains; make into twelve pills; me every 3 times a day. Mane tincture of even, twelve drops in water. Desphale of quinine eight grains at night. Haef an ounce of trandy every two hours; must wast, roppboiled eggs. July 24. Introduced Doft ratheter into bladder; one ounce and a half of wine came away, slighely purulent, Injected into bladder through catheter me fint of equal parts warm milk and water. In thirty minutes this was discharged through rectum. Aligital examination of the rectum failed to acted the opening, Aug. 1. Introduced soft catheter again and injected one pint of mick and water, which passed from rectum in festeen minutes. Patient very weak but hopeful, and "expects to be up in a few days." Brandy, milk- wash, egg-nug. etc. August 8, hered at 6.30 P. M., apparently from exhaustin.

Autopsy fifteen hours after death; Body greatly emacialed. Thoracie Viscera: Pleura adherent above and behind, Upper part of each lung (upper fourth) had been the seat of recent inflammatory processes, and resembled the condition of tungtissue in pneumonetis, 2° or 3° stage. Specific gravity increased, and portions of upper loke of left lung sant in water. 8 mall rescended cavity methind of an ench in diameter in loke just mentioned. Heart normal; cavities filled with post morton clots; large ante morten clots extending from left ventricle into anta. Abdorinal viscera: Fromach, opleen and liver normal, No inlargement of mesenticic glands. Right Kidney Parger than usual; capsule not adherent and easily stripped offer surface smooth, regular and pale; consistency rather firm; section through Kidney thoused anaemic appearance of cortical substance. Left-Kidney presented some abnormal appearances, and pelvis and urela contained pus. Todine test applied to cut surface without effect. Intestines, excepting rectum, nothering unnatural. Large intestine contained hard lumpy feces.

Rectum: Large releve in median line of anterior wall of rectum three inches and three-quarters from annes, quadrilateral in shape (1× 2; inch); about the middle of this releve a perforation, half an eich square, extended into the cavity of the bladder. On left wide of rectum, me inch and three-quarters

from anus, was another ulcer, shape irregular and covering about me sach and a half square inch, extending through mucous membrane only. The condition of the mucus evats of the rectum elsewhere and even immediately adjacent to the ulcerations did not seem to be disturbed, and it was remembered that during his Dickness the patient did not complain of increased sensitiveness of the parts during the passage of feces or during the digital examination of the parts. The bladder was empty, excepting a small quantity of purulent urine, and contracted; the walls (mucus wat) were somewhat swotten and thickened, The color of the mucus surface was grayest with large areas of irregular shaped, dark-colored patches as if from venous stasis. The perforation from the rection through the upper and median part of its posterier wall had well defined edges, and was about half an inch en diameter Contributed by assist Surgen Edward Everts Presidio, San Francisco, California.

No.
9142
1692.
1.4.5.7. I.4.
No.
9143
1693.
1693.

1692. Right Kidney, weight thirty-eight ownces; chronic pyelitis, presenting the appearance of multiple cheery abscesses of the medullary substance. To mions Junio 1955 1693. Amylor'd spleen, weight thirteen ownces. Supplementary oplien in the hilus.

From a case of gonorshoed and syphilis followed by perineal fistula, ciptitis, wreteritis and pyelitis. History by Lor. Taylor.

John B. .. a white man, aged 30 years, ralled on me December 4, 1880, complaining of uneasy sensation in right side; said he was unable to work (he was a farm-hand) and felt bad generally. He had suffered from a perineal abscess some time previous, and there was a fistulous opening back of the sorotum, through which wine passed when he wrinated. He said he had contracted supplies some months or a year previous, but was cured. I did not see this man again until March 2, 1881, and then again March 28,

and april y, when the symptoms were pretty much the same as on the first visit, only the pain in the right side was a little more pronounced and could be more definitely located. Jeme y, Still suffering from pain in right side; pain extends from the border of the sits near the spine downwards and forwards to a point half way between the crest of ile um and the median line. It this time there was considerable discoloration of the skin, more especially of the face and hands. He was weak and depressed; had an anxious expression of counterrance, and had commenced to love flesh. March 30, 1882, J. B. called to see me again. Since his last visit to me (June, 1881) he had been attended by a pohysician in the country where he resided, He said the physician had treated him for enflammation of the bladder. I made a rareful examination of his abdominal organs and found the liver slightly enlarged, the spleen enlarged, and the right Kidney very large and sensitive; the left Kidney was slightly enlarged. The outline of the right Kianey could be easily defined. The pain over the Kidney was not at any time complained of as acute, but was a dull aching pour always present more or less, and, as mentioned ature, running from the spine downwards and forwards on the right side to near the groin. Lor. E. Me Schaeffer was Kind enough to examine a specimen of wrine brought to me at this visit. His report is as follows; "analysis 1800, March 30," 1802, Appearance turbid; Copious white sediment. Reaction faintly acid, microscopiral examination: Large amount of pus; a little blood; no casts."

May 9, 1882, another specimen of usine examined by or Schaiffer was as follows: "No. 1845. appearance turbid; whitish pediment. Reaction alkaline, Specific gravity 1915. albumen me-fourth. Mi oroscopical examination: Proten down pus, triple phosphalis and granular matter; no blood or casts." May 26, 1882, Condition of patient about the same. May 30, I sent him to the freedmen's hispital, where he remained for some weeks. I do not know that a diagnosis was made at the hispital.

Sept. 28, 1882, Had left the hispital some time; was much emaciated and very weak; his feet and legs were addensations, and there was some little fluid in the peritoneal Pack. Time as examined by b. Schaeffer: "Appearance natural,

clear; light florculent Dedinents Reaction acid. S. p. 1921. Albumen four fifths, Microscopical examination: Very large number of waxy and higaline casts; much free renal epithelium; some of the casts appeared to centain altered blood. I do not remember to have seen a deposit so loaded with casts for a long time. E. m. Schaeffer."

October 3, 1882, I paw J. B. at his home in The country, he heing too weak to leave his hed. His lower extremities were vederatous, and there was a very considerable amount of fluid in the abdomen. October 31, I found him in a aying condition, and he wish that evening.

The large quartity of pus discharged with the usine was supposed to come from the bladder in the early months of the disease, as the only indication of Kianey trouble was the pain and enlargement of the right Kianey. I was of the ofinion it might be a care of Addison's disease when the discoloration or bronging of the other first commenced; but as this discoloration rather decreased than increased, I changed my opinion, and thought the care Bright, duseless, and by Schaeffer's later examination sustained this conclusion.

I do not give the treatment in detail, as I sour the potient at such irregular intervals that any oyslematic treatmentwas out of the question. I gave evaide of prosh freely, as there was a history of syphilis in the early part of the core; also whide and hichloride of mercury. The extract of ergot was genen when there was hemorrhage, and tonics were given throughout the treatment. In the latter stage of the disease, when arrhay had set in, such heatment as was suitable for the condition was adopted, giving temporary relief. I few days before death a woom was passed from the bladder; there was a stoppage of wrome for len or twelve hours; repeated attempts hering mode to unriate, When, brially, the worm passed with the usine; it was about seven inches and a half in length, and was separted by the committee on microscopy, to which it was referred, te de a humbricoid.

Dr. Taylor in discussing this case before the medical reciety, here. 13, 1882, added that "the fistulous opening

closed six months before death. The patient, upon first coming to him, David that when the abscers was opened the weether was cut through. Lor Ford Thompson cauterized it, and it healed up. The man's timble hegan with gonorhoed, and he said he had a chanore at the same time, There was no history of Obictive or retention.

Autopsy seventeen hours after death, by w. W. S. Lamb; Riger matis marted; maciatin; many small, inegular, pale-brownish spots in back and thighs; suggetlation of dependent portions; notable anterior projection of free portion of ensiform appendix; me sign, necent or old, of chance of

Head and ofinial cavity not examined.

Lungs presented a few old pleuritic adhesins; substance normal, Heart appeared to be normal; not opened,

There were nearly eight quarts of straw-colored serum in abdomen. Lever rather dry, otherwise normal; firm adhesens to right Kidney, Gall-bladder fell of bile, Spleen amyloid, large, weighing thinteen ounces, firm; capsules blue in color, normal; substance presented a mutiluae of mar marked in applying the endine test, There was a supernumerary opleen the size of a small marble in the hiles. Pancie as firm, normal, Stomach contained flatus, appeared normal. Small intestine appeared normal; the duddenum and lowest fort of ileum were opened and examined. The raccum, ascending colon and hepatic floxure were firmly adherent to right Kidney; their mucous membrane normal; remainder of large intestine normal; not opened. The left Kickney weighed thirteen ounces, was white and amyloid; pelvis and welter normal, Right Kidney presented the appearance of multiple absers deposits of a rowical whope, their bases towards the periphery of the Kidney; the walls of these deposits were Deveral lines in thickness, firm and white, with whitish, granular, cheesy contents and some firmer shreds. A small amount of Kidney tissue, pale and firm, intervened between there deposits and corresponded with the cortical substances The pelvis and wreter were patulous, the latter dilated a little heyoud its ordinary size; the capsule of the Rianey was

thickened. The Kidney was adherent to the liver and colon as above stated, and to the fascia posterioly by a tissue of chronic inflammation of marked thickness in many places. Weight of Kidney thirty- eight owners. There was similar thickened tissue of chronic inflammation along the course of the weter nearly to the opening in the bladder. Bladder contained cloudy unine. Lumbar glands large and firm. Contributed by Lor W. It, Taylor, Washington, Leb.

Me 1694-1695. Tear consecutive portions of ileum 1694 (1695 being just above ilev-caeral value) present-1695 ing tubercular ulcers of Peyer's patches and of 1695 politary glands.

James Kennedy: light mulatto; age 19; was admitted to Freedman's hospital, Washington, 10.6, July 26, 1882. He had intermittent fever, cough and dianhoea, Died November 4th

Autopsy, wenty hours after death, by 19. Lamb: Height 5 feet 5 inches; weight about go pounds; emaciated; no rigor mortis; abrophy of finger ends; no beasones.

The brain was normal; spinal cord not examined, There were enlarged and tubercular glands on the enner right side of the sternum; a large quantity of seriend in pleural cavities. Right lung neighed twenty three ounces; form old adhesions at apex; pleurae thickened and coaled with recent lymph; lobes interadherent; upper lobe contained Intercular deposits and cavities with consolidation of entervening tis sue; middle lobe imperfectly separated from lower by a thick line of connective tissue; a few tubercular cavities in the lower lobe. Left lung strongly adherent, breaking down in attempts at removal; full of tubercular deposits and cavities, with a small quantity of intervening from fibroid tissue. Bronchial glands enlarged and contained tubercular deposits. Old deposits of lymph on pericardium, heart normal.

Peritineal cavity contained some turbid serient. Omention adherent to small intestine opposite the side of an ulcer, and one of the intestinal coils was adherent to the ascending colon. Livir normal, weighed forty-nine ownces; gall-bladder nearly emply. Spleen normal. Stomach appeared normal. Solitary glands and Peyer's patches of small intestine, and solitary glands of large intestine, presented tubercular ulcus, Kidneys hombibuled by Cessestand Sugar D. S. Land.

Washington De

1696 1696. Left lung of a colored child nearly 1697 eight (8) years old; in the apex is a large cheesy 1698 mass with cultiging miliary tubercles. 1699 1697 to 1400. Porting eleum, showing girdle-sores, 1700 penetrating to, or nearly to, the peritoneum. Nearly all the sores show more or less ciratrization; there is an absence of tubercular deposit; the peritoneum opposite the ulcers is dark-colored, and in many cases presents delirate threads from peritondis. In 1697 aretwo ulcers, me of which entirely encircles the intestine, the other about half, and has produced some longitudinat Contraction. In 1698 are two ulcers which completely encircle the intestine. In 1699 is an iller which, by cicatrization, has reduced the calibre of the canal to me-third of an ench; at the upper part of the piece is an annular ulcus, and beliveen the two a number of small rounded ones, evoding the mucous mombrane; me has perferated, the elliptical opening being half an erich in long diameter; its margins inside and out are plastered with lymph. On the peritoneal surface, around the perforation, is a thick layer of lymph, and the omentum is achievent to the lover edge. There is no lymph at site of the shickine. Above the stricture the intestine is dilated; helow, the intestine is nearly normal, 1700 includes the cleo-rarral value; presents a marked thickening

of Peyer's palches and the solitary glands with small spical ulcus of the latter and a broad and deep ulcur of the lowermost patch.

Marrie Jackson, colored; age y years 9 month; died November 15, 1882. Lor, Schaeffer had attended her verasimally. General years previously she had cough and diarrhoea lasting some time, from both of which she apparently recovered. Latterly there had been a return of the cough; and the fatal event succeeded a two-days' illness, in which there was violent pain in abdomen; She had for some line been subject to vomiting after meals, but this symptone had disappeared under the use of lime-water and milk.

Autopsy by Lor D. S. Land, and Lor Schaeffer: The Child was slender; riger mortes was present.

Head and spirial ravity more not examined, Heart full of clots, normal. Firm pleuritic adhesions of most of right lung; lobes interadherent; ceper of upper lobe routained a large cheesy mass with a multitude of outlying grayest, translucent miliary tubercles; abundant miliary tubercles in middle and lower lobes, with surrounding induration. Afrex of lest lung as en right; miliary tubercles and induration in anteria margen of lower loke; remainder of loke appeared normal; lung finely adherent everywhere to theracic walls.

Abdominal cavity full of dirty, bad smelling fluid, with many small, apparently foral, lumps; surface of peritoneum congested in patches; a dirty-white coat was spread over and between the viscera. Lever normal; gall-bladder rontained yellen bile. Spleen and pancreas normal. Stomach appeared normal; not opened. The upper one or avo feet of the small intestine stained with bile; thence to the cleo-raeral values, at varying distances whart, were about a dozen girdle-ulcus, the perctoneal surfaces of which were congested and sometimes ceremed with achesiins. About six feet from the ileacareal value an ulcer had contracted the diameter

to ane-third of an ench, and was inextensible; for an mich ar mare above it there were ending ulcers, one of which had perferated; the perforation was half an ench in diameter; lymph was plastered around the opening; and a portion of omentum attached to its lower margin. The intestine for a short distance above the stricture was some what dilated. Some of the Peyer's patches and solitary glands me thickened and ulcerated; there was a deep when of the last Peyer's patch. no tubercular deposits were made out in the ulcers. The large intes. time presented enlargement of a few of the solitary glands. The Kidneys appeared large but normal. Urelas, bladder and internal organs of generation

bontributed by Dr. B. M. Schaeffer, Washington, O.C.

No. 1701, Inspissated mucus, entangling, mucous
1701. corpuscles, a few epithelial cells and food debris,"
4151 passed per anum by an army officer who had been longitt.

Contributed by assist. Surgeon J. M. Dickson,

10. Hilling war de the Missister of Fort Mc Henry, Maryland

No. Postin of left middle cerebral artery including its 1/12 beforcation, measuring allugether me includent whalf 1703, There is a soft clot several lines in length at the bifurcation and ramifying into the subdivisions. 1703. Portein of cleum, including cleo-caecal valve, presenting slight thickening of Peyer's patches and enlargement of solitary glands.

The diagnosis was remittent fever with intercurrent ceretrat embolism.

for Molderry says: On my return to the post at First Gridger, Ryoning, on September 30, 1882, after a few days absence on leave, & found Private Cornelius L. Crisp, low H, 4th 26. 8. Infantry in the Post hospital suffering from paralysis of right arm and leg, and loss of the power of speech. His face was not paralysed. He was notunemsciaes; and lay with his eyes open and noticed what was going on about him. The heart's sounds were normal; but the physical signs showed that the lower lobes of both Kidneys lungo were consolidated.

Six o'clock, Sept. 30, Temperature 101:4; pulse 84; respira tion 24. His urine was found free from albumen and tube casts, and otherwise normal.

Hospital Steward Mead, U. S. Army, in charge of the hospital during my absence stated that Private brish had been I was admitted to fort hospital at morning sick ratt on Sept. 25, 1882, suffering with what appeared to be remitted fever; that he complained of feeling feverish and chilly at times, but had trad no regular chill; that he was free from cough and pain in his chest, and there was no symptom of lung disease. He was placed in hed, and, as he was constituted, Dix grains each of blue mass and ext, colocynth comp. administered at once. He was also given liquer amonia. acelate, half an ounce and sweet spirit of nitre five drops every two hours, together with Sulphate of quina ten grains, three times a day; that Private brish continued in this state until the 28th of September, at half past rine in the morning, when, as he was about to get into his hed after having had an operation from his bowels, he was seen to fall over on his bed; that upon being assisted into hear it was found that he had lost the power of speech and was paralysed in the right arm and leg; that he did not in chent appear to lose his conscious ness; that Private bristo remound in this state until the 30th September, the date of my return to this posts

Private brish continued in this andition in which of October 3th, 1882, when apoplediform symptoms set in. He he came comatne, with sterterous breathing, and lay in

this condition until 12,20 P.M. October of, 1882, when he died,

To realment consisted as indicated for remident fever until

bept. 30th, when evided of pobassium live grains, and fluid est.

ergot len drops, were given every four hours; one drop ordenial

at once, which moved his bowels freely. Six ever cups were

applied to nape of neck; and an ice cap placed over his orall,

after having his head shared. The liquor ammonia acutate

and sweet spirit of nitre were continued as before. Beef essence

and milk in small quantities were given him every two

			mong.	nom	2 versing		m mig.	nom	Evening	
/	Sept. 25, 1882		101.2	101.2	101,2	Rospinat.	_ = 2			
	,, 26			1023	101.2				-	
			101.	102.1						
	. 27		97.2		101.1					
	. 29		99.2		101.3					
	30	ene.	99.				24			
	6 d. 1	to		191.2			20	20	24	
	2	ren					18	18		
	3	h	100.25		101,4					
		63	101.2				22	24		
	4			100.4			26	33		
	5		102.4	1113.1	104.1		50	52	52	
	6	1	105,3	Deid 12	2.25 P.M.	,	48	unable	to count,	

Sept. 30, 1882. Pulse, morning 84

64. 1 " " 80, noon 82, evening 80,
2 " " 68 " 78 " 84.

3 " 82 . 82 . 80

4 " 90 " 116 "
5 unable to court pulse,

On post morten examination, twenty-four hours after cleath, and emboles was found occluding the main trunk of the left cerebral artery; the surface of the left corpus striatum was found white and roftened, its epithelial covering reddened and congested; the forver lobe of both lungs were found hepatized; the spleen was enlarged to three times its normal arge, its substance in several places being much reflened. The substance of the spleen was so much softened in out of these places, on its upper and outer surface, as to

break down on being removed from the abdominal ravity, forming a ravity over an eich in diameter. The heart was found normal, but filled with white fibrinans clots. The other organs appeared normal.

In addition to the foregoing notes of the autopsy, the following, from the examination of the specimens at the museum by hor Lamb, should be appended: All of the arteries of the circle of Willis, except the left middle cerebral, were normal, and contained no clots; there was a peripheral hemorrhagic infarction about the sige of an hazelnut, of a dark-red, color, and not reftened; there was also a portion, corresponding to the middle two fifths of the left hemisphere and the distribution of the left Sylvian artery, which was much softened.

Meast normal, titles with Jehnious clots branchial glands not enlarged. Low Frachea and branchial rings dark.

promerience of solitary follicles and dight promerience of Peyer's palches in lower part of ileum, most marked near the colon. Some of the mesentric glands were but larged, Large intestine normal. The opten fafter heing in alcohol about two months weighed twelve owners; explained me edge was much lobulated. Kidney, appeared normal. In reply to a regiest for further information bear

there was no fever, epistaxis, abdonunal enlargement tender.

A ness, tympanitis, pain, gurgling on pressure, rose spots, as dianhoea; the patient was constipated, having one very small and hard passage each day,

It adds: In fact, from the date of my return to that of his death, the symptoms of embolism masked and prevented the development of all enteric symptoms. There had returned been a case of tophoid fever at Fort Bridger during my tour of service of over two years at that past; having observed about the same temperature curves in cases of malarial remittent fever occurring at the post and treated in the post hospital, as were recorded in this case, and the Stewards accounts of the man's symptoms as and after admission to hospital being but meagre and favoring such a conclusion,

I was led to believe that lorish was suffering on admission to port hospital with the form of malarial intermittent fever indegenous to the post; I therefore for diagnosed the case. My experience, but at Fat Bridger and of this post, has convenced me that " a malarial remittent fever, adynamic in its tendences, susceptible to the action of quinene," Ves indégenous to both of these posts. At this post I have had. an opportunity of studying this fever side by side with two cases of pure typhoid fiver, each of which has our its course with the usual enteric symptoms, etc. At both posts the malarial element sometimes manifests itself like chronic malarial prisoning, causing neuralgia, myalgia, etc., or the patient being seized with nausea and gastric iritability, the tongue covered; pulse slow; skin dryish; but little if any fever being present; the browels being confined and wrene turbid, the patient suffers with various neuralgic pains; all of these symptoms yielding to a course of quenene. There seems to be no doubt that the prevalence of this malarial element is due to the large percentage of matter (above 28 & 34 parts per mellion respectively) in the drenking water of these posts, as described by Surgeen Chas Smart, U. S. a., in the January number of the american Journal of the measical Sciences for 1878. Contributed by Cessist Surgeon Henry me Elderry Us Samy Fort Robinson, Nebrastal.

1704. Hyporid carrier and a small portion of tracken. The 1704. thyrorid cartilages as somewhat calcified.

From a dissecting-room subject, a colored man, apparently over 70 years of age; his hair and heard were nearly white Contributed by Mr. Im & Childs,

Surgeon General's Office, Mec. 18, 1882.

No. 1705. Lower love of right lung, presenting the ragged walls 1705, of an abscess-cavity, the size of a walnut, surrounded by No. pleuritic achesins. 1706. 1706 - Caecum and portion of colon with numerous ulcers, varying in size and shape, some of them penetral ing to the muscular coat. These two specimens are from a course of which absence of the lives Distory by bor Middleton: appeared and comprise according Warres Labar, age 31 years; Private loo. Is 20th 16, 8. Infantry; admitted to hospital October 20, 1882. Enlisted at Chicago, Allinois, October, 1878; joined company at Fort Brown, Jexas, December 6, 1878, and appeared to be enjøyeng excellent health. Would go on an occasional spree, but was not a hard or steady drinker. Was treated for stricture at Fort Brown in 1879, and for hemorrhoides on several occasions. The company left Fort Brown for this station November 6, 1881. His health was apparently good during his rejourn there; but since his arrival at this post, November 15, 1881, had gradually failed, Was treated at various times during the year for hemorrhoides, neuralgia, acute Theumatism, a cute diarrhoea, dyspepsia and malarial fever. On one occasion, June 14, 1882, was operated on for fissure of anus, which had caused him much suffering for a month previous. The operation relieved him. On admission, October 20, 1882, he had had several chells, recurring on alternate days, followed by fever and sweats, and was entired on the register as a case of tertian intermittent fever. He had also diarrhoea at lines of dysenteric character, and complained of severe and steady pain in epigastrium. Anorexia; white, flabby tonque; pulse 100; temperature 99°. October 25. Has pharangetes, with enlarged tousils; some pain in throat about right nepple; no cough; respiration normal. Novimbe 3rd Had another chill. Pharangetes subsided Several days ago; diarrhoea continues; other symptoms about same. Normber yet The diarrhoea, which was arrested a few days ugo, commenced again, with naused and vomiting; pain in epigastrium and right thorax

continue; respiration normal; no cough; wrine scarty and high colored fred) Sp. gr. 1025, acid reaction, no albumen or sugar, phophates and chlorides abundant. Non 8th Vomiting and d'antivea arrested; pain in right shoulder, extending up neck and down arm, added to the other pains. There being no pulmonary symptoms, attention directed to liver; but there was no jaunaice, and no increase in sige could be made out on palpation, but some tenderness on pressure in epigastric region. Duffers from ensomnia. November 13th Pain in shoulder and side very acute, only relieved by hypodermic injections of morphia; also pain in lumbar region; wrine, not more than eight ownces, in twenty four hours, same as at last examination. Has had no movement of bowels for several days; no chill since the 3rd instant; complains more of pain in shoulder and arm than of anything else. Nevember 14th There having been m movement of bowels for several days an enemal of warm water and salt was given, which operated copionsly. Urine unchanged, November 20th Up to this time symptoms have remained about same, but he is growing weaker and more emaciated every day, Has indirations of ledones, which were carefully tooked after. Vemperature ranging between 99° and 102°; pulse between 100 and 120; respiration 20, Pain in shoulder and eide persistent, tonque inclined to dryness down middle, Nav. 23th, Suffers exeruciating pain in chest and shoulder, only 2elieved by maphia hypodermically. Sleep induced by chloral and hys cyamus, Some dulness and branchial respiration over lover loke of right lung. Had a parotion of coughing (first time) and expectorated a small quantity of thick pus longed with blood and mixed with mucus. I magene he is going to die to-night. Diagnosis changed to abscess of liver discharging through diaphragm into a branchial lube.

November 24th Says he feels much better this morning than for some time past; has no pain worth speaking of and asked for coffee, which was given him about half eream; rested well during night, and of wine enere used to about a pint, highly colored, no albumen, but a heavy

deposit of phosphates on healing, dispolved by nitric acid; chlorides also abundant; Sp. gr. 1028, acid; tonque moist. Had several paroxysms of cough during night, each time expectorating large quantities of samious pus slightly felid. Hiccorgh commenced and is very pereishent. Chloral, camphor and other antispasmodics used, but only arrested by morphia hypodermically. Lungs resonant, except dulness ever right lower like, with some bronchial respiration; no rales ever discovered; action of heart normal. Kested confortably all day until 6 f. m., when a severe paroxysm of pain came on with hiccough; both arrested by hypodernic injections of mosphia one-third grain, and sleep induced, but did not have a very good night. Nov. 25, S.A.M. Imperature 101°; pulse 120; respiration 24. Some pain on side and shoulder; coughs every ten er fifteen minutes, each time discharging fetid, Danious pus, tonque and sken moist, went unchanged, no evacuation from bruels. 26" Rested fairly during night under chloral, hyoscyamus and maphia, but greatly annayed at times by hiccough and pain in side; continues to bring up large quantities of sanious pus; refuses all nourishment except meat-quice; takes whis key every three hours, ten ances; nowishment by enema every three hours. 6 P. M. I emperature 101.2; Pulse 120; respiration 24. Hicrorigh and pain prevented him from resting well, Amount of discharge diminished to live or three ounces in twenty-four hours, it having been as much as light ainces; it now presents the appearance of prinejuice expectoration, preumonial having doubtless been set up by contact of pus. Unine increased to me punt and a half, of light color. Had three mutisent enemas during night, and had relained them all. Nov. 29th Hirrough continues, cough more prequent, and prune-juice expectoration has taken the place of the purulent, Nov. 30th Rested fairly; several operations from bowels, collequative; prune-juice expectoration muxed with pus, about

six or eight ounces in twenty-four hours; not so much loathing of food, and takes chicken broth, milk and eggs, which is faturate, his bouds heing so irritable. December 2nd Much prostration from diarrhoeu; expectora tion and hicrough, but takes nowishment freely. Frandy substituted for whis key, Expectoration he coming more purulent, Nec. 4th Sleeps several hours at a time from the chloral and hypryamus mixture, but is restless most of the time. Hiccough, dianhoea and cough are persistent, the hicansh annays him very much, and is only temporarily arrested by the hypodermic enjections. Let about 5 P. m. had fine or eix operations at intervals of ten minutes, with severe pain in abdomen, controlled somewhat as to frequency by acetate of lead and opium in large doses. Alecembe 5. Died at 5 a.M. after a very restless night. Deeth preceded by a slight hemorrhage from mouth and nose. Intellection remained clear to the last,

During the progress of the case he was treated with quinine in large and small doses. The symptoms as they arose were met by the following remedies: accelate and netrate of potash, solicylate of sodium, tincture of digitalis, morphia hypodermically and otherwise, turpentine stupes, enemas of starch and landanium, bismuth, accelate of lead and opium, chloral hydrate and hypocyamus, (murcki); Stimulants were freely administered, also meatinice, beeference, mick, eggs and chicken broth,

Autopy six hours after death, by acting assist. Surgeon a. I. Somfort; Rigar mortis not well marked; tody emaciated. Heart normal, fluid digntly in excess. Left lung normal except some hypostatic congestion posteriorly. Right lung much congested, partially hepatized; a rent through diaphragm into branchus. Sirin, weight sixty-nine ounces, including a portion of diaphragm; an abscess occupying lobus spigelii and a large section of under surface ended; a peur ravity between this and the in-testines; side aggliterated to lesser curvature of stomach and to pations of dividenum, je junion, illum and colon, apparently an old selevation into stomach (but this may have been caused by tearing apart); a large cicatrix

under eurface of right loke, and several smaller ones on under eurface of left loke, probably old abscesses.

Spleen and Kidneys normal. Intestines - Duodenum, and cleum much congested, jejunum nearly normal; Caput coli and the colon, for about two feet, extremely ulcivated. The intensting feature in this case is that the man could have had such grave intestinal disease, and successure abscesses in liver, withint any manifestation of these serious lesions except an occasional attack of diar-Threa and pain in the epigastrium until the advent of the chills, the periodicity of which being unusual in pyaemie suppurations. These lesions were completely masked, the man continuing on duty until reputing for treatment on the 20th of October. The intestinal disease probably originated at Brownsville, Iwas. There is no history of hepatitis in the rase, and the abscesses mere probably metastatie or pyaemic in connection with the ulcerations in the intestines, The fint morten appearances have not been more munitally described he cauce desiring to send the specimens to the anny medical museum, it was deemed underirable to mutilate them more than was necessary.

Temperature, Pulse. Regiration. Wate. Morning, Evening. Morning Evening, Morning Evening, 8 o'clock, 6 o'clock, 8 o'clock & o'clock, 6 o'clock, November 5, 1882 99.1° 100.° 100 105 20 20 6, 99,2 101. 100 110 20 24 100 110 20 24 191. 7 . 99.1 110 110 20 24 101. 8, 102. 100 105 20 99.4 100.1 9. 100 105 20 24 100. 100.4 10 " 11 1 99.4 100.2 100 100 20 24 101.1 100 12 " 101. 102.2 100 100.1 99.3 16 , 100 100 99.4 99.3 100.3 105 110

	Tempere	તીરાગ્ય.	Puls	٧.	Respiration.					
Cate	Morning		Morning	Evening.	Morning,	Evening.				
Naw	8 n'clock.	6 n'clnek	8 o'clock.	6 relock	8 o'clock	6 o'chet				
Nove 1 10 1882	99.20	101,10	105	110	26	26				
November 19, 1882	99.2	102.	110	110	30	30				
20 "	100, 2	102.	110	110	30	30				
21 "	99.1	100.4	100	110	32	32				
23 ;	100.	100.1	110	120	32	32				
. 24 "	99.	101.	110	120	28	28				
25.	101.	100.2	120	120	26	26				
	100, 2	199.2	120	120	24	24				
26 ,		98.3	119	110	24	24				
27 "	101.	100.	120	120	24	24				
28.	101,2	191.4	120	120	20	24				
29,	100.	101.2	120	120	20	20				
December 1,	100.	101.1	110	120	20	20				
2,		101.	120	130	20	24				
3.	99.1		130	140	20	24				
	100.	100.2								
4,		101.1	130	140	. 24	24				
0 11	bleed									

The specimens as received and examined by Lor Lamb at the Museum were as follows:

Right lung was composed of but two lobes; afrex ordematons; there was a ravity about the size of a walnut and with ragged edges in the base of the lower lobe; pleintice adhesions around the margin of the cavity; bronchial titles contained a tenacious, stringy, and mush-like, reddish substance.

Livin weight adhesions of posteria partion of both lobes to the diaphragm. There was a congenital stellate fissure on the upper surface of the right lobe and a triangular fissure, likewise congenital, on the under surface of the livin for a space firm. The under surface of the livin for a space four inches transversely and three niches longitudinally, back of the transversely and three to the left of the inferior vena cava, was unever, some

cavity hetween the liver and the Homach. This abscesscavity had herforated the diaphragm to the right of the
inferior vena cava; and the pleural surface of the
diaphragm, we corresponding to the location of the
cavity in the lung, was elevated and ragged for serval
inches in extent. The inferior vena cava was opened
and a large clot found at the exit of the right
hepatic vein; helween the orifice of the right and
left hepatic veins was a villus-like growth covering
half an inch square; otherwise the vessel was healthy.
The gall-bladder contained a small quantity of lite.

The stomach had been separated from the liver he face its reception at the Museum. The stomach and first portion of duodenum were normal except that the peritoneal aspect of the lesser curvature of the former, to the extent of nearly three enches to the right of the vesophagus opening, and nearly two in ches in its greatest breadth, presented a ringhened surface, which formed part of the abscess-cavity of the liver.

The raccum, as cending and part of the transverse colon were received, In this tract were rumerous releas varying in shape and in sige from a more point to an nich in diameter; they were most marked in the ascending colon, and some of them penetrated to the muscular coat, An examination of the peritoneal surface of the intestine disclosed no askesions.

Contribution Surg. J.V. D. Weddleton 1.1. Hays Kong-

No. The arch of the corta, with an aneurismal dilatation 170 y of the roof of the transverse and the discending portions. The dilatation is conical in shape, the base 9157 downwards and to the right, and three enches and a half in diameter; the apex upwards and to the left between the left carotid and subclavian arteries; the

height four inches and a half. The parch is filled with a laminated clot whose general shape is conical. The coals of the arta are slightly thickened; the free surface uneven, showing yellow patches and whitish elevations Innominate artery pervious, the blood feinding its way to the vessel along-side the clot. Left common carotid closed with a feine, nearly colorless clot. Left subclavian artery pervious, but no connection discoverable between it and the lumen of the arta. There is some calcareous change in the thy-

roid cartilage. History by Lor, Shedd: Minor Ross, colored; age 67; native of Virginia; admitted to Freedman's hospital October 10, 1881, complained of pain in left side of chest, shoulder and down the left arm as far as the elbow; had also slight cough and dysproed; heart sounds feeble but regular; lungs in fair condition. He considered his pour due to theumatism, but called attention to a small Knot in his neck which had been growing for some time. This turner was just above [over?] the left cardid and extended about me such and a half above the clavicle. There was no bruit. The turner remained about the same size during his stay in hospital, the pulsation deemed marked at times, and was considered are to the movement of the carotid acting. This was afterwards found to be erroneous, the carotid being plugged up, and the impulse due to the pulsation of the dorta at the base of the turner. The turner itself di'd not seem to trouble how; but vistead, the pain from the left clavicle around the shoulder and down the armit The heart reaker in the left arm, , During the last few weeks he herame dropsical in his legs. There was no albumen en his urene; no history of syphilis; appetite good. Weed Danuary 4, 1883.

Autopsy twenty hours after death: Body in good condition; rigar mortis well marked. Brain not examined. Lungs normal except old and firm adherious in left side. Heart large, eighteen ounces in

weight; white clot in right cavities; no lessin Aorla as en specimen.

Contributed by 100, F. J. Shadd, Freedman's Hospital, Washington, 1.6.

No 1708 - Patin of colon with the cicatrix of an old when 1408 From a case of chronic dianhoea with hepatic abscess.

Sistory by lor Johnston!

9158 Edward Burnes, aged 37 years; nativity, France; duration of residence in Americal eighteen years; occupation restaurant Keeper. His history previous to the beginning of this illness was good; his habits moderately temperate, meight 213 pounds; height about 3 feet 10 inches.

Dn Jeme, 1882, he was taken sick with dianhvea, which he attributed to eating canteloupes, He had frequent movements of the bowels during both day and night, numbering twenty to thirty in the twenty four hours; the stools were then, and contained mucus and blood. He attended to his occupatione, but remained in hed for a day or so at different times. Lost flesh and strength, and his appetite failed. He continued thus month after month, receiving no treatment other than that Suggested by numerous friends. Wearied and des_ pouring, he sought medical advice in the latter part of the following October, He was directed to go to hed; placed upon a milk det, and given a full composed of nitrate of selver one grain, pulverezed opium 6 grain, three times daily. Stools abundant, row taining flakes and blood. He commerced to emprove, and the stools mue reduced in number to sex or eight en the twenty-four hours. Several weeks later the pills were discontinued, and copious rectal

injections containing nitrate of selver; were ordered to

he gwen night and morning. These were adminis

tered either in Sems or the Knee-elbow position. The

result was very satisfactory, the dianhoea having been

controlled in a few days. The enemate always brought away feculent matter, and the occasional stools passed between the administration of these were well formed and natural.

Rureng the latter two weeks of November he did not convalue e satisfactority although the diarrhoead was controlled and
his appetite had returned. Dome easily-digested semi-solid
and orbid foods were allowed. Bloody remained impaired and he showed no disposition to leave his hed. Dec.
301, 4th and 5th he had fired. Liquid diet resumed and
nitrate of silver injections again administered after having
her intermitted one weel. From this time on he suffixed from fever occurring at irregular intervals, preceded or
not by chily sensations and accompanied by heavy sweats.
Sweaking proved a very annoying feature, on account of
which his clothing had to be changed three or four times daily.
Continued have in region of live.

Lecomber 17th the liver was explored in different directions with an asperating needle, but no pus was withdrawn. Bome ordered of both feet appeared, lec. 30; at 10 P. M. he was seized with a severe pain in the abdomen. He suffered acutely from this all night; slept none, and could not be upon his right side without an aggravation of suffering. blied at 9.30 a.M., rouseious to the last.

Present hors look and Nicholson. Body well nounshed; right montis marked, Butcutaneous fat orn abdomen about me wich thick. The peritoneum contained about me pint and a half of clear seriem. The right third of the omention was highly concested. Livir, size and position normal. On removing the again from the body it was found to be congested, and some pus object from a small opening on its under posterior surface, to the right of the median line. This opening, which was made with the scalpel, communicated with an abscess containing about four ownces of pus and broken down hepatic tissue. It was vituated on the left eine and under surface of the right loke posteriorly and immediately in front of the inferior vena cava.

Ridney normal except congested. Lodon; the entire length

of the large gut was removed, and in felling it with water for
the purpose of cleaning, a cupt-like pouch as large as a watnut
swelled up on me side about eight wiches from the calcum.
This was due to an escape of fluid into the tissue surrainding the bowel, which made its way through a perforation at
the site of a large ulcer on the inner side. Two or three
ulcers, situated in the transverse colon, involved the entire
thickness of the mucus and muscular layers of the trul.
The mucous membrane of the entire colon, but especially
that of the transverse and descending portions, presented a
dark slate-colored appearance

Contributed by Lov. M. M. Johnston, Washington, N.C.

No. Foetus at term, with double have-lip and cleft palate,
1709 sex digits on all four extremities and an originaloc. 5.5. J. 2.93 cele: Phis contains the greater part of the small
9159 intestine and the ralcum and ascending and transverse colon. The placenta was normal.

The following is extracted from the USS. Fransactions of the Medical Society, Washington, Dec. 20, 1882, p. 224; Dr. Prentiss presented a foetus at fell lerm, very imperfectly developed. It weighed about four pounds, and lived two hours. The father and mother were young and healthy and had been married about a year. The mother had suffered no special trouble whilst carrying the child, and could not recollect any ocrasein on which she had been frightened or had met with any other mishaps such as, in the opinion of wise old women, cause all these troubles. He was ralled at 3 A. M. and went back at 10. Stell found the os but little dilated, and, as the patient was a primipara, said he would call some hours later. In half an hour the child was born, and a doctor in the neighborhood was called in. The child has a complete have-lip and cleft palate; its eyes are

imperfectly developed, and it has six fingers and six toes upon each extremety. There was a large umbiliral oac containing serum and almost the entire small intestines, which were cut off by the physician when he severed what he supposed to be the cord. The maternal side of the placenta seems normal, but the foetal side appears to show fatty degeneration. Contributed by Lor, LO. W. Prentiss,

Washington, Nel.

No A portion of small intestine, probably ileum, with cicar 1910. tricial stricture and directiculum. The cicatrix includes your nearly the entire circumference of the intestine, Leing 9160 defective at the mesenteric attachment, and reduces the colibre I to half an ench; it is about three lines in width; the mucous and muscular coats are almost entirely destroyed; the peritoneum is normal. Below the occur there is some hypercropping of the villi, and slight enlargement of the solitary follicles; otherwise the tissue is normal, Above the ocar the witestine is dilated, the coats thickened and firm from infiltration, and the color quite red from staining of blood; the mucous membrane presents a fenely shredded appearance from gangrene. One wich above the ciratrix is the opening of a wiches in length, its lumen gradually diminishing towards an obtuse apex; the coats are thickened and succulent, There are old, firm peritonical askessions at the afect, The intestine Aistory by Lor Behrend; History by Dr. Behrend;

B. B. Bangs; colored; native of Virginia; age about 30; well-built, occupation two month ago, school teacher near Norfolk, Virginia; since that, laborer in Interior Department U.S. Had had syphilis.

First saw party January 19, 1883, morning, 9 A.M. complaining of severe cramps in abdomen, and nauseal, Had a physician two days before, he said, who gave him purgatives and enemas without relief. Pulse yo; temperature 982.

Treatment: Marphia and belladonna extract, each half a grain,

every three hours until pains were quieted. January 20, 1883. Rested well. Pulse and temperature Dame; slight pain on pressure over right iliac region, lontime treatment. Weil: Toaspoonful of beef-tea every half hour; water a tablespromful at a time, to prevent overleading stomach. January 21. Jemperature and pulse same. Medicine only every eight hours (belladonna and morphia). January 22. Said he passed some wind by rectum. Pulse and temperature same. Ireatment: Infusion of sema enema; calonel two grains, extract of hyoseyamus one grain, every two hours. Weet same. January 23. Julse and temperature same. Passed a very restless night, pain returning, especially over region of navel; also distressing singultus. All this time no tympanitis; temperature and pulse remaining the same, Treatment: Phild extract of serma half an ownce, fluid extract of Thubart me drachow, Rochelle salt one ounce, in three ounces of spear mint-water, at once. Retained the same one hour, then vomited. Also then gave - Re Chloroform me drachm, tincture of genger sexteen drops, spirit of camphor twenty drops, muchage me ounce. It. One drachow every half hour until singultus is relieved. Introduced Whalen's tube; injected half a gallow of warm palt water; brought no feed discharge. Satisfied of complete occlusion in some part of the bowel. Freatment; Morphia and helladonna recommenced, Diet: Beef-tea and rice-water, small quantities; retained without vomiting. Never vomited firal matter. January 24. Consulted with Hector Wolhaupter. Temperature and pulse same, veels, as he said, somewhat helter, as he only has pain on pressure on right iliac region and over navel. Treatment routinued. Slight tympanitis erer epigastric region in evening. Ordered blister ever søhole abdomen. January 25, A.M. Tympanitis extending more over abdomen. Very restless. Ordered easter vil four ounces, turpentine me drachm; half at once, the other in two hours, and infusion of serina with

flarseed tea enemal. 3 P. Mr. Suffers severely with strangung; had to use catheter. 10 P. m. Dr. Wolhaufeler Daw him; suffering excessive pain. Ordered morphia hourly until relieved, January 26, 8 a.m. Pulse thready, 120; temperature 97.0 Suffering strangury; drew off about six nines of water. Tympanitis extends over whole abdomen, but mostly in regen of stomach. Urine was clear at all times, 'Hied

Portmoten, H P.M. only of abdomen. Made a fineal incisem from sternum to symphysis pubis; about one print of dark-colored serum exuded from abdomen; tympanitic distensim mainly in the epigastrie region. There were no facces and no recent lymp and no recent adhesions except at the diverticulum mentioned; this was adherent around a coil of intestine and to the puckered wall of the abdomen about two enches from the right side of the spinal column, Above the upper cicatrix (?) the small intestine was congested. Stromach distended but coats normal. Liver, spleen and Kidneys appeared normal. The lower bowel was empty. Bladder emply.

There was an old buto of the left grown, not enlarged, but some discharge originating deeply as if from a

senus; a cicatrix in the right inquirial region; no scar on penis.

As received at the Museum and examined by 19%.

Lamb:

The mesentery was dark, nearly black, and the glands enlarged. The intestines presented two cicatrices; the upper me was annular, me inch and a half in length, extended to the peritoneal coat, and was wielastic; there was therefore a stricture here reducing the diameter of the intestent to about a half inch.

The second circulary, not indubitably marked, was two feet and a half lover down, and involved about half the circumference, which measured altogether slightly over two inches. This cicatrix did not extend as deeply as the former,

On the peritoneal surface, in the neighborhood of the ciratricial contraction; was some old peritonitic lymph

that had apparently formed adhesions, Between the cicatrices the oditary follicles were slightly prominent, many of them with pin-point ulcers at the apex; the Peyer's patches were well marked but not prominent. The intestine was very darkly congested and succulent, the greatest circumference hetween the ciratrices was four inches. There was a large longitudinal opening the edges of which were so clean-cut that it was believed to be

Below the lower cicatrix the vitestine presented semilar color and glandular enlargement. Above the upper ciratrix there was much dilatation, at least four inches in circumference. The color was deeper and more uniform; no solitary glanas could be recognized; the mucous surface was shreddy, especially over the Peyer's patches. Contributed by 10. A. & Behvend, Washington, 186.

Left corebral hemisphere, presenting a depression in adjoining portions of frontal, parietal and temporal bothes, occupied by a sar comatous tumor, which is fein and elastic, and to which the dura mater is strongly adherent. The tumor is (22 × 28 × 14 inches.) Sections more your 1819-11. The specimen was hornored by 19, 1879 from a Mrs. blements, a patient of 15rs. Z. J. Sovers and J. J. Young of Washington, 5.6, Contributed by Dr. E. Mr. Schaeffer Washington, Welo.

No. Portion of transverse colon, presenting superficial
1412 crosions of the mucous membranes
911.2

Lor. Kreider states that the patient, Dr. Charles Ryan of Springfield, Illinois, had dysentery about thirty-four years before his death. He says of the autopsy-* * " The entire large intestine being semoned, twentysix (26) inches from the anal orifice a stricture or 'nanowing' was found, extending for twelve (12) inches, there a punch for six inches, and again a stricture fourteen (14) inches in length; this latter narrowing beginning at the upper portion of the ascending color. An olivaryheaded staff me half (2) [inch] in diameter was forced through the obsictured portion with some difficulty. This was the smallest instrument at hand, but the capacity of the get was, in life, certainly much less than that, Contributed by Lor, Seo. N. Kreider, Springfield, Ollinois.

No. 1413 - Spleen, weight 4 ounces; the anterior border of 17/13 which is deformed by a deep and irregular notch continnous with a transverse furrow in the convexity. 1714 There is no thickening of the capsule.

1914 - Left Kidney, the lower convex surface of which is traversed by deep grooves, which give the surface a nodulated appearance. The cortical substance is some what atrophied. In mous Years 1784-5, intentitive nephritis.

Henson Reynolds; age 60; mulatto; Vergeman; married; was admitted to Freedman's hospital, Washington, D. C., September 13, 1882, with general anasarca. There was no cough; no delinim; no convulsions; no hemorrhage, no albumen in the wine, He was constipated; the pulse was slow and weak, there was a slight bruit heard Died November 13.

Autopsy twenty-four hours after death, by 19, 10. S. Laneb: Height I feet, 9 inches; weight about 153 pounds; slight rigar matis.

Head and spirial cavity not examened. There were old adhesive bands of right lung; the

upper lobe was addenatous, the lower congested. The left lung was adherent everywhere, and the lobes were infiltrated with serum. Serieardium contained a little fluid; the heart was adherent, by an old adhesen, to the parietal pericardium by a narrow transverse line me inch long over the right ventricle; there were also several small patches of old pericarditis of the right ventricle. Weight of heart twenty six (26) ounces; hypertrophy and ditalation; valves of right side normal; patches of fatty degeneration on the autorior segment of the mitral value; cortie segments showed much calcareous deposit; coronary arteries presented chalky changes; There were soft black clots in the right side of the heart, a small clot and some fluid blood in left side. Ascending auta atheromatous over its entire surface, while near the valves was much chalky deposit.

Abdominal cavity contained much bloody serum; the deep epigastric arteries showed chalky deposits. Stomach and intestines appeared normal; not opened. Lever meighed seventy-two (72) ounces, congested. Sall-bladder long, projecting an wich in front of the liver, and contained light-colored bile, Theen four ounces, and deformed as above described, A small supernumary spleen. Pancreas normal. Right Kidney weighed nine ainces, lest ten ainces; of a uniform dark-red color; a few small superficial cysts in each; each deformed by an rregular depression and the cortical substance thickened. Ureters normal. Bladder contracted.

Prostate not enlarged, Contributed by 19. F. D. Shadd Freedman's Hospital Washington, W.S. No. Oplenic flexure and portion of transverse and descending 17/5. color. The intestine is acutely flexed upon itself, enclosing a mass of thickened and inflamed omenteen, On the peritoneal surface, scattered along the whole length of the piece, are bridles of old peritoritis. Upon the mucous surface, extending three inches in length and less inches and a half in greatest breadth, are groups and isolated patches of a villous growth, with surrounding and intervening normal membrane. The lumen of the inletine is dimenished at the site of these growths to about sufficient to permit the passage of the little finger. The surface occupied by the new growth presents many intercommunicating fistulous openings. The sutmucous tissue is slightly thickened in the same situatron; and in the Subperitoreal to as much as three-eighths (8) inch, Below the growth the intertine measures two inches and a half in greatest circumference and is normal, Above the growth the greatest circumstrence is eight (8) inches; the mucous membrane is here unbrotten; the circular muscle is hypertrophied to to inch in thickness; the tapes To inch. The peritoneum is normal except where adhesions had formed,

D. J. Lamb Oct'g. Out. Sung. U. S. Ce.

History by Lor Heigmann!; Private William Kelly, Co. Co, 2nd Infantry; married; was on his own application transferred to Fort Colville, Washingten Territory, to Vancouver Barractes, Washington Territory, for medical treatment. From history of case, furnished by Dr. Merriam, Post Surgeon at Fort Colville, et appears that the patient began to suffer from constipation in November, 1881. Ordinary laxatives afforded some relief until about March 1, 1882, when symptoms rapidly grew worse.

The care was diagnosed "constipation, apparently due to constriction, twisting of intestine, or to some abnormal growth at or near junction of transverse with descending colon. From March, 1882, to date of his arrival at this post bowels were often closed from two to six days at a time. Enema, frequently repeated, failed to give substan-

Treatment consisted principally in enemas, but formentations, and turpentine opupes to abdomen, and sulphate of morphia Combined with atropia, hypodermically, to relieve the intense pain which occasionally supervened; purgatives were also treed, but without effect.

From date of arrival at this post no active treatment was attempted. The constant distention of entire atdomen by gas prevented discovery of any organic lesion. Had no natural passages; - enemas were used which on several occasions brought away Con siderable quantity of fecal matter; anodynes were sparengly used. Appetite remained fair, but patient instructively abstrained from eating the usual quantily of food on account of the distress occasioned by accumulation of fermented food and gas in the stomach and enlestine.

On evening of June 6th, while sitting quietty on a chair, patient suddenly felt something "break or give way" in his bowels: distressing pain and great distention of abdomen ensued, "Aypodermic injections of sulphate of morphia, Inspentine stupes and chloroform internally were resorted to. The gut was aspirated both above and below the tumor, a small quantity of gas escaping. A flexible latheter was passed into the rection about sixteen (16) enches, and enjections thrown into the bowel through it; nothing came away except the matter which had been injected. Takent sank rapidly, and died at 5 a.m. June 24th, 1882.

Mulopsy, by assistant Surgeon Is. H. Wilson, Ele, S.A. fine hours after death: Jumor, springing from mor wall of intestine, at the junction of transverse with descending colon, size of a gove-egg, ulcerating in spots, and villous granulations. The calibre of the intestine was very much narrowed at the site of the tumor, admitting, however, quite readily the index finger. The descending colon, beyond the growth, was much atrophied, while the transverse presented a condition of excessive hyperdrophy for a distance of about ten inches. From Caecum upwards there was a gradual dilatation of the ascending gut, forming an immense oac felled with fe cal matter, and occupying the left side of the abdomen. The intestinal walls covering this dilatation were greatly thinned, gangrenous en some spots, and almost universally covered with lymph and pus. No ante-mostem rupture could be discovered, as the finger was inadvertently pushed through the walls of this dilated part in securing the specimen. The omentum was thickened and the neightoring glands mere much inlarged and dis-eaced.

Judging from the condition of the intestine and the symptoms, death was evidently due to suplure of the intestine followed by violent peritoritis,

Contributed by le. L. Heizmann, Claustant Surgen 2. 8. army Vancouver Barracks, Washington Territory.

No. 1716 Heart, arch of auta, and portions of trached and 1716 aesophagus. The heart is hypertrophied and dilated; the endocardium below the antic valves, as also the valves 17/17 themselves, thickened. The auta is atheromatous and presents three pouching anewisms; the largest of these proceeds from the floor of the transverse portion; the next in size is behind the origin of the left carolid and sub= clavian arteries, and its posterior portion is in dangerous contiguity to the assophagus; the smallest involves the origin of the innominate arting.

1714, 120 biliary calculi.
Lor Johnson states that the patient was a woman; age 39. The had suffered from heart disease for many years, and during the last four was under his care. In her attactes the usually winced the symptoms of valoular disease. The ressels in the neck became so prominent that she sought to conceal them by wearing high collars or some

article of apparel to cover the neck. The had suffered from congestion of the lung, and once or twice he thought he had detected circumscribed pneumonia. She had almost entirely recovered from the attack Just previous to her death, when symptoms of angina pectoris set in. She said she felt as if an icy cold hand were grasping and clutching her heart. Listening to her heart he discovered a thrill and buggery murmur, so loud as to lead him to suspect aneurism. She suffered not only from heart trouble, but also from a pain between the crest of the ilium and the ribs. It that time he did not know what this pain was, but thought it arose from flatus. Prorgatives relieved her. on one occasion, in conjunction with loss of voice, she suffered whenever she attempted to drink more than one swallow of water. He referred her to 19, Hyatt for languagoscopic examination, and the latter diagnosed anewism as the rause of the aphonia from pressure on the recurrent largngeal nerve, She died Ruddenly, Mr. 5. 1811. The post morten examination, made by Dr. D. D. Land, verified his decision, and also made clear the cause of the abdominal pains. There was cerehoses of the lever, and the gall bladder was distended with one hunared and twenty gall-stones.

No. 1718-Small fused Kidney. Removed from Private Robert Tindle, E," cs. 15.1. A. io. 12th Infantry, who died of valvular disease of the heart January 24, 1883, It is stated that the Kidney lay in front of the spine in the umbilical region. It was freely morable with the covering peritoneum, The weles took their origin from the front. During his illness the patient's usine was in sufficient quantity until towards the end; it was also loaded with wrates, but no albumen present

Contributed by 10. J. Tater Johnson,

Washington, Will,

Contributed by assist. Surgen le. E. Price, Pent Niagara, new York

Portion of sigmoid flexure; a cylindrical epublished of No. which has produced obstruction. c. 4. s. 3. Q. 11.

9169

History by 19. Clear: James S...; while male; age 65; of previous good history, was taken sick June 1, 1883. He was seen by Lor, D. H. Hayen; a diagnosis of "abstruction of the bowels" was made. He emaciated very rapidly and died on June 12, 1883. On June 15th, sevenly-two hours after death, an examination showed the following; Inlestines filled with feral matter; none free in the abdominal cavity; descending colon invaginated in its entire length; constriction at commencement of sigmoid flexure, with old ulceration on anterior aspect, great induration about ulceration (cancerous?) No other organs examined, nor was any enlargement of the hymphatics noticed.

Dr. J. le. mc bounell states, upon microscopical examination,

that the growth is a cylindrical spitheliona. Contributed by Dr. Dewellyn Clist,

Washington, D.C.

Ao. A calcareous concretion, probably from the branche, ex-1720. pectorated by Mr. H. ... age about 30, who had suf-costs were for a year with wheeging, which ceased upon the of the concretion. Contributed by Nr. H. C. Yarrow, Washington, Del 9170 discharge of the concretion,

No.
9172

C.4/5.3. L.15

No.
9172

1722

C.51.5.5.A.8.

Bigmoid flerwer— its mucous mombrane ulcerated; the ulcers are long and narrow, following the direction of the axis of the intestine; they penetrate in places to the muscular coat, which is hypertrophied; their margins are hevelled and bases smooth. In the lowest part of the piece the membrane is almost entirely destroyed, and there are two bridges of tis ene crossing the bowle The submucous coat is thickened and indurated. There was an abundance of fat in the appendices epiploical.

Uterus small and patulous; Lystic degeneration of some of the cervical glands; several deep set cicatrices of vagina near outlet, possibly chancrous; ovaries normal Just inside the arms is a love band much larger towards one end than the other, connecting the opposite walls of the intestine; me inch above is a stout double bridge from beneath which a fisheld runs downwards to a cul-desac. Adjoining the bridge is an eroded surface an inch in diameter, penetraling deeply, and to which feral matter was adherent. The internal circumperace of the intestine at this point is one ench (diameter atout thereof quarters of an erich.) The upper portion of this piece of intestine is like specimen 1721.

Jennie bissell; mulatte; single; age 23; nature of Washington; was admitted to Freedman's Hospital August 28, 1888. She was emaciated and very weak; unable to walk! Had had chronic diankveal during the previous year, and for several months had been unable to retain feces. The stools were watery or mucous, and always very offensive. A stricture of the rectum one inch and a half from the arms was diagnosticated. She aid September you. Autopsy sixteen hours after death, by lor D. S. Lamb; The rigor mortis was marked; boay emaciated. The head and official column were not examined.

The heart was normal; the right auricle felled with a mixed clot. The right lung presented a patch of olderna in the upper loke; the left hung was normal. The live was normal; the gall bladder contained some green bile. The spleen was small, capsule firmly adherent. Panoreas normal, Stomach and small intestine normal.

baccum normal, contained firm feces. Ascending colon normal, Hepatic flexure contained firm feces, The transvers and descending colon and signoid flexure contained toff feces. The descending colon, signoid flexure and rectum as in the opecimen. Kidneys normal. Isenital organs as in specimen. Some leucorrhoeal discharge in the vaginal.

Contributed by 100, Fr. J. Shadd

Histrict of Columbia.

No. Calculus, eval in shape, meighing five grains; from
1723 the appendix vermiformis.
C.4.5.3. uz. Resoruit John De Kay, los. lo, of Instruction,
9173 who aid of hyphoid fever September 30, 1883, Phere
was no indication during life of its presence.
Contributed by alfred Woodhull, Surgen us army
Hospital David's Island, hen York Harbors

(No Portion of large intestine, probably descending colon, pre1734 senting a new growth which has produced and
annular stricture. The growth involves the entire
9074 thickness and circumference of the bowel, reduced here
to exactly five (2) inches; in its internal aspect is a
deep transverse ulcer, nearly an inch en width, and
with greatly hypertrophied edges; in the surrounding conrective tissue is a large deposit of fat. Above the
stricture the bowel is sex inches and a half (66) in circumference; muches membrane normal; museular rest
hypertrophied. Below the dricture the circumference is
about three inches and a half (32) and the coats normal.
The American, 82 years; well preserved; nervous
temperament, with a history of many years of digestive
derangement, consulted me March 12, 1883, for acute
indigestion caused by an unusual deviation from his

dictetic regimen. The anniquing symptoms were relieved by the usual remedies, without restoring Mr. A.... to perfect health. March 14, 1883, I was again sum moned on account of increased distress in the abdomen, naused and constipation. Mild purgatives failing to have the desired effect, a large enema of tepid suds with castor oil and turpentine was administered, and produced a large ocybalous stool with free discharge of flatus, but failed to entirely relieve the distress, and the sense of "something wrong beyond neach." The stornach being rebellions, the intestines utterly mest, vitality ebbing, additional advice was sought from Drs. Anderson and Caruthers, two well known physicians of this city and of Jarrytown, New York respectively. Intestinal obstruction was suspected, but excluded on account of the curdy evacuations (milk being his principal diet) brought away by enemala thrown high up into the bowel through a long bongie, and on account of the free discharge of flatus: he being ruplined, the canals were carefully explored, and the absence of strangulated hernia established, The symptoms slowly but uninterruptedly grew more alarming, lympanetis, tormina, singultus, herame disbressing; constipation remained absolute; stomach rejecting food, necessitated rectal mutrition (milk, eggs, brandy and heef blood.) About days after the beginning of the sickness the symptoms of cbstruction became indisputable, the admissibility of laparotomy and coldony was fully discussed, but ruled out on account of age and debility. The distinded ascending color heing plainly visible through the parcetes, aspiration was proposed, and performed by me on the 1" april, with great but transcent relief. By gentle massage the contents of the intestine could be distodged and pressed into the transverse colon. A decided done of croton oil was then given and repeated, but failed. The distention was soon as great as

before; euthanasia was evidently the remaining indication for treatment, and death relieved the sufferer April 3rd. The port motion examination was confined to abdominal organs. Tympanitis was extreme. On opening the peritoneal cavity the ascending color presented itself larger than the stornach on ordinary conditions; no trace of aspiratory puncture. About midway between The caput coli and the hepatic flexure a ligament was discovered crossing and pinning it [the ascending colon] down, while the over-distended inter time above and helow it [the ligament] was brujed by its gaseous contents. The distal portron of the colon was distended as well as the proximal, though less to, thus demonstrating that the obstruction was not persistent or complete, but yielding to pressure from above. In the jegunion [error] was found a very narrow annular neoplastic structure, This stricture, evidently of long Nanding, by retarding the progress of intestinal contents caused the fermentation, (flatulence) from which the patient had suffered so many years. The acute indigestion which ushered in his last sickness produced an aggra-Vatern of this fermentation until the usual lay, colic pseudo-ligament was transformed into a strangulating more by the bunyancy of the intestine. Contributed by J. H. Palzki, Clesestant Surgen, U.S. army

An Portion of ileum, part of a cost two feet and a half in 1725, length, which had become strangulated by fibrous bands of old adhesion. The strangulated portion is somewhat 9175 distended and of a nearly uniform dark-rea color; the willi are hyperhophied but no ulceration nor sloughing. Dr. Mearns states that "the patient, a young man aged nineteen, had had general peritoritis four years hefore, Since then he had suffered from vocas imal

St. Augustine, Florida.

attacks of abdominal pain and constipation. The last and fatal allack came on July 30 a, and continued eight days. Large doses of castor oil combined with copions rectal injections were given. There was no fever nor tympanitis and me great pain. Vomiting was present, and in the fifth day I herame stercovakeous. On the sixth day an injection of warm water and oil was passed high up into the large intestine; it brought away hardened feces. The vomiting clased temporarely, and it seemed that the obstruction had heen overcome. Next day vomiting returned, however, and the patient died from exhaustin. An autopsy revealed the intestines matted together by the old peritoritis. The sile of the obstruction was a langle of united loops of intestine in the small gut about the middle of the ileum. The vitality of this portion of the intestme was destroyed before death; and the loops were so tightly bound together by strong febrous bands that the gut was perforated at each attempt to reparate the coils by the most careful dissection. The gangrenous condition was produced by pressure in one of the tooks, which was greatly dilated and hyportriphied by partial closure of the gut at the point of union of the loops of intestine. There was an accumulation of faeces in one of them, the outlit of which was stenored, bluning the progress of this race the question of attempting to afford relief by the operation of laparolony was discussed. The autopsy showed that laparetony, of performed, should have been done early; and, even so, the intestines mula probably have been erreparably damaged in facing the faces past the Constriction, or that the probability of success would have been slights As the sequel proved, the ondition was relieved without operation; and had relief come a little tooner, while the patient was vigorous, he might have been saved for another occasion." See Medical Record [new York] XXIV, 1883, p. 307.

Contributed by Dr. Edgar A. Mearns. Highland Falls, new york

1426. Phussusception of about five inches of the lower and 1426 of the ileum; the intussuscepted portion projecting just inside the caecism. It is much congested and somewhat softened, but there are no adhesions of the visible peritoneal surface. Strong traction fails to reduce it.

History by Lor, Colark: Private Charles Mann, loo. b, 8th Anjantry. The patient came to the hospital the morning of the 17th Duly, 1883, stating that he was unable to pass his wrine, I saw him at Durgeon's call, and, believing that the trouble was caused by what is Known as spasmoder stricture, I directed he should half an ownce of camphorated tincture of opium and a hot sitz bath. He passed over a quart of wine within an hour from the time that he received the prescription. Notwithstanding the fact that he had been relieved of this large quantity of wine, he continued to complain of pain in the abdomen, which I noticed to be somewhat enlarged. prescribed a Seidlitz powder, which he accerved at 12.30 P. M. In the afternoon the Steward told me that the powder had not acted, and that the patient was complaining of severe pain. He was then given a large dose of sulphate of magnesia, In the evening, as no passage had followed, an injection was administered, repeated in two hours, and an hour later a third injection was given; but no movement of the bowels occurred. At 12 o'clock P. M. he received a full dose of castor oil; at 2 A.M. another, which was followed at 4 A. M. by another injection; but no passage resulted, Levo drops of order oil were given at 8 t. M. and two hours later the suda portion of a double seidlitz pawder, followed inmediately by the acid portion, was thrown up well into the. rectum, and retained for a few moments by compression. It was som wident that serious obstruction of the bowels existed, as no evacuation of the bowels had been procured by the use of the abovementioned cathactics and injections. The patient complained of severe burning pain within the abdomen, and its walls presented the board-like hardness of peritoritis. When pressure was made at different points over the abdomen, the patient stated that the pour and! tenderness were most severe when the pressure was applied

over the region of the raccum. Opium was then administered, and continued at proper intervals till the following morning. Death occurred at . C. 20 A. In, 19th July, forty-eight hours after the patient arrived at the hospital.

A post matern examination was held at half past 10 o'clock A. In. 19th July, four hours after death, with reference to the intestinal obstruction only. The small intestines were distended to their full rapacity; the ileum was inflamed nearly it's entire length; the rectum and descending colon empty. The cause of death was found at the junction of the eleven with the calcum, where the former had prolapsed (through the ileo-raeral valve for about six inches) (?) adherion had taken place between the peritoneal roats of the invaginated portion so firmly that all the force I could event, without fear of supturing the intestine, failed to withdraw it from its probapsed condition. At the beginning of the valvular junction of cleund with raccum (?) the outer layer of the ileum formed a tense porting ving, resembling in appearance a Knot; the finger could be passed between the ring and the prolapsed parties of the cleun down to the ileo-raeral value. The colon was ligated a short distance keyand the value; the injured parts were separated from their attachments, the large intestine opened and the prolapsed portion of the ileum brought into view. This pation was of a dark mouled appearance for about two enches from the value, thence to its extremity, about four inches, it was perfectly black, Contributed by Loven N. Clark, acting assist Lungen, Fort Halleck, Nevada.

Trachea and portion of vesophagus; the latter pre-1727. sents a marked thickening by a new growth, c.4.5.1. 123. and utceration. At the bottom of the utcer is a small perforation, the micro, Inin 89412. can a more. It such ment sentoir as a "A specimen of epitheliomatous stricture of the desophagus, with perforation of the trachea. From a case in private practice. Contributed by G. E. Bushnell, assist. Dungen u.S. army.

Fort Ellis, montana Territory.

No. Kidneys, from a case of pyelitis; the right is enlarged, 1728. the left atrophied,

19. Gardner says: "There was never any dropsy of 9178 any part of the body. There were no symptoms of any special serious disease until a few days before death. There was only extreme emaciation and what is usually salled "general debility." The wrine was examined some four a fine months before death, and nothing was found neept evidence of inflammation of the bladder, from which he was suffering at the time. There was albumen,

but no casts being found even on several microscopical examinations, the albumen was attributed to pur present from the cyptitis, and endeed the examination of the urine in-

dirated nothing beyond that disease.

" The quantity of wine passed in 24 hours was, by actual measurement, nichin the normal limit. It was not till within a few days of his death that he suffered with serve headaches, which could not be relieved, and with persistent and obstinate vomiting, When admitted an rick report in the much of December, 1880, he complained of nothing but a slight observatie affection of his right mish; and for that he was under treatment when the severer symptoms which preceded his death occurred as ature mentioned, This accounts for his first appearing on the report with a diagnosis of chronic rheumatism. Contributed by Edwin V. Sardner,

Cerist. Durgen U.S. aung. Veil Ellis, montana Territory.

No. A liver, small and much deformed. It measures 1429. six inches antero-posterialy, eight inches from night to left, and three inches at its thickest part.

The right loke comprises about two-thirds of the organ; its upper surface near the right margen, posterinly, shows a deep congenital fissure, two inches in length, running longitudinally and with a small lateral offset. Centerraly, near the longitudinal fessure,

is a second and deep fissure running diagonally from the former to the anterior margin of the loke, thus forming an additional love of a hiangular shape. On the under side are several shallow depressions. The lobus Sprigelië in the usual place, with much fat and induvaled connective tes sue around de The gall-bladder lies under the right margin instead of the anterior.

The left lobe is subdivided into two; and upper one, smaller and posterior; and an under one, forming the great breek of the left loke, and almost completely disserved from the remainder of the liver,

The capsule of the liver is normal everywhere except around the lobus sprigelie; the edges are rounded, substance firm.

from a colored woman, Louisa Grantson, midow, age 70, who had suffered from right trifacial neuralgia, with occasional epilightiform convulseens followed by parotid paralysis, from which she recovered in a few days. After one of these allacks she died, The autopsy thoused the membranes of the brain congested; an increase of cerebral fluid; no tumar nor softening; no disease of Cesserian ganglion. Lungs and heart normal, Lever as in specemen. Spleen closely acherent and shrunken, Pancieas small, Stomach and intertines mormal. Watery cupt and small new growth of right Kiany; Eight in left Kiany. Utens omall, Ovaries skrunken-

Contributed by Lor, 10, & Lambs Washington N.C.

Subvicular ulceration of largery, No, No history. 1736. Contributed by Surgen le. De Witt, U.S. army. Barnes Hospital, Washington Mel. 9180 Calculus from tousil. No. History by Lor, Norton: c.4/5.1/F.1 Female, age 34, has had from childhood pequent attacks of tousellitis, always ending in suppuration. The 1816 right tousil has been most often affected, the left never having suppurated, after a most severe attack the night touril became very much inlarged. An ancisein was made and the calculus discovered; it was removed and recovery speedely followed. The patient has been per from all symptoms of touselletis for a longer period than wer before, A most careful inquiry has failed to des cover any symptoms of calculous deposet in other organs. The general health has not been good; has suffered for years with discharges from both lars, and is now under treatment for chronic lucorrhoeas Contributed by C. A. Mortin, M. D. Wastingh. All Foeter and menhanes of about six (6) weeks, From a white momars, age about 30, second pregnancy; the first chied living. leave of miscarriage not known. Froman doing wells Contributed by lor how Hendusan, Washington. Il, nw. 31, 1883

256

No. Section of liver, showing large masses of medullary 1733, cancer.
6.415.5. F. 24.

Contributed by 198 S. R. Watts,
Washington, Wils Left Kidney with double wreter. From a woman, Annie Conrad, white, Inish, 1434 c.s.s.1.A.ZI. age 33, midow, who died Decomber 5, 1883, of prime monia. See autopsy 365, 4181 Contributed by Dr. D. S. Lamb. Washington, De. No, Sack of a dermoid cyst of right ovary. The sack was 1435. felled with tallowy fat and hair. In a small outdivision in the lower part of the opecimen is a took. 9185 shaped price as of bone. From a dissecting-room. Contributed by Mr. G. W. Piper, Alexandria, Va. Not. Two successive portions of claum, from a 1736 care of typhs-malareal Jeves. The Pege's and patches and solitary follicles are 1737. enlarged; she former slightly ulcerated.
(418.3. Els 2182. History by Dr. McGreery: Thomas Stewart, Private, troop H, 3rd. Cavalry, was saken on sick report July 23. 1883 and deed august 2nd. of typhomalarial fever. Untopsy I hours after death: rigor mortis well marked; skin dusky; eruptens had entirely disappeared; abdomen retracted. Intest-

ines greatly injected; an invagination

of 21/2 inches of about she middle of the small intestine; above this she citestine ine was filled with remi-fluid contents; velow was interely empty. Peyer's patches ulcerated; the ulcers were raised, of an ivergular oval shape, the long axis extending parallel to the long axis extending parallel to the long axis of she citative; shere was no feerestible indusation.

Ceptible indusation.

Contributed by apolars. George

W. Mc breery, whipple Banacks, a. Ly.

1838. C.5.3.1. I.10.

Lest Ridney, solitary, hypertrophied, its airmany passages dilated and with multiple absenses in its substance.

bus, estevent rebbald ref julgeine, nogo a ref enos jun nebus need and ent enos per need and est in service of the set in service of the service of the product of behands of a parinises ent of product of the coal of the product of the coal of the

nord, analtea atten bilann no need erage raf purach - elistis, duppelasia, he was taken with tralent fram in the course of the left wreter, complete suppression of wome and formyld end in som Hatta sill, spannowhat sent potent a 1882 and lasted three days and after contalescence was shortly may, varasonfferd to (enous use) Man the breast a ped boundly and hasenachage the was estended in bless with of Jungan bino ent printeeffo sitingen etuso becampaid who il. bournat. H. W. left Ridney; de the Microscope showed we evidences of Ridney dislossend realto an as but instation restabled to assure other special cause could be found for nervous symptons fresent, I concluded They were due to stone in the bladder, and advised last Detaber (Hes) that he should up to a warm climate and a lower level, in Indees, that this change would amelionate the bronchitis, and que the beart, then greatly enlarged less work. He went off from Denaha, atherensell for "I set no bearings bur aleasinish of tress such one vojest famings bus lesilideme Hel mined region and suppression of wine. Of the latter fact I was not some for he

refused contractions and he conformed and your sums wine subsent under the influence of morphia, a hypoderm of which a gave him for the pain; his bowels also were moved by castor oil. Often this he had no more from On the 2nd of December at night he mad restless and flightly, he refused to cat or drink and while asleef had imposentant movements from bowels and brader. On the 3nd of December heart failure was evident and for this Digitalis and caffine were given at night in addition to impending come, decided trismus was foresent; he died at 5 also of the 4 to of December.

and in playing you show, that respectively sulsuit grafature presence of 22. Ool. J. E. Summers. Medical Director Dept. of the blatte. The body was thin but hot emacrated and presented nothing abnormal in its ortward appearance. The frentoneal covering was suffamed Especially on the left side. The bowels were pushed over to the night side and their place occupied by a Tumor, which on inspection proved to be the left hidney, Mit loose but fundy attached, It reached from a point two makes set to reprod remot set of ensilialment of the level ent moles maybe had been bestelle plenowrous ear retorn the . La thelland stell and terminated in the bladder at the usual place. The bladder contained four owners of purulent wine and two small calculi. The fresh bidney measured wine wiches in length and energied twenty two ources. It was infeltered with tubercle and rebut plant grant for and, success it in allowe paradured to book weath the capsule, the latter was not adherent; I There was Me Sidney or anter on the man side. Diremestances did . suppre neite for nontaminare sett times fan

Mote by Dr Land. * These were abscesses. + The capsule was thickened and in places adherent.

Sontributed by Swig & H. Bill. It & anny. Omaha. Neb. 1/03/1/39 WAL. I 1135115.

Successive partions of intestine, of which no 1740 melurayed fo nortaneola privavall. sular lassas-ash ent esthatches and alceration also in the caecum and colon.

Dr. g.g. Carrell. a.a. Surg. N.S.a. states that Paul Hofty. Sinule, Snoop 4, was Cavalry. Tophaid Jever. Died Dept. 26th 1883.

in Post Hospital at Host alpache . D. J.

antopsy. Mucous Membrane of Stomach dudenim, and jejunim congested. Fourteen lange wheers found in Menn, one two meles in length. All aleers had Eaten through perstoneum; a fem small ones were found in coecum. All abdominal viscena . benninexe dan anopre restll betagines men

Mote By Dr. Lamb - - - The specimen as received confinses eleven sel of small intestine anduding the signard flexual. The congestion noted in the report of antopory has disappeared. Mrany of the solitary folicles of the small intestines fresent fin-head enlargements; and a very few of them are wheerated The legar patches in the apper part of the specimen are superfically and ansignably enoded; bower down the hack the aleers extent in many places to the subminers coat, and in others to the circular coat. The longitudinal coat and furthousemen are nowhere musered, although the the antopy report states that "all aleers had eaten through the personeum" In several places the fainteneal surface has been snipped out by scissors. In the large intestine are no Enlarged solitary follicles, but many small wheers, some Eroding, others Excanating, The wheers notes punchasses but uses carcum and ascending colon and in many places extending to the Muscular coak. The unofinered sil, beneathful encurred pianyie set je alose appendix had been ent aff.

Dentiluted By Jung B. J. D. Brivin. U.S.a.

Mhipple Barracku. a. 3.

9192

Sostion of Blenn, with thickened Peners patch.
Dr. J. J. Danoth D. D. Sung. U.Sa. States. "Gules Jorgenson, Pr.
Brook B. Dt. Danolny, Tophoid Jener Died Deptils" 1483. in
Post Hospital at Fort apache. B.J.

Ontopse. Mneand wenderme of stonach, diodenin, and ifferent congested. Eight large wheers in heur wariging spans in heur barigna, Large intestine and all abdominal inseered were congested. Other organs not examined.

Mote Boy Dr Zamb. The offermen as received consists of to feet of burd intestine. frincipally the jepunn. The Penger's fratches are thickened, especially at their margine; and several of them are superficially eroded in the center of the fratch. But few of the batch. But few of the batchine is still some enlarged. The intestine is still somewhat reddened from the congestion.

Dontmented by Sung B. J. S. win & Sa. W. S. D. Sanders O. S. D. Schilled

MM 8729-2

